



L.A. Care **Medi-Cal** Formulary

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L.A. Care Medi-Cal Formulary

INTRODUCTION

Foreword

This document represents the efforts of L.A. Care Health Plan's Pharmacy and Therapeutics Committee (P&T) to provide physicians and pharmacists with a method to begin to evaluate the various drug products available. The medical treatment of patients is frequently relative to the practical application of drug therapy. Due to the vast availability of medication therapy and treatment modalities, a reasonable program of drug product selection and drug usage must be developed. The goal of the L.A. Care Formulary is to enhance the physician and pharmacist's abilities to provide optimal cost effective drug therapy for patients.

The development, maintenance, and improvement of this process are evolutionary and require constant attention. This is accomplished by the L.A. Care P&T Committee. The Formulary is a continually reviewed and revised list of drugs, which mirror the prevailing clinical opinion of the P&T Committee. To accommodate the necessary changes of this document, monthly updates are available online at: <http://www.lacare.org>. As you use this Formulary, you are encouraged to review the information and provide your input and comments to the L.A. Care P&T Committee.

The L.A. Care P&T Committee uses the following criteria in the evaluation of drug selection for the L.A. Care Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant drug benefits to current formulary agents of similar use, while minimizing duplications
- Equitable cost and outcomes of the total cost of drug and medical care

How to Use the Formulary

The Formulary is a list of covered and preferred drug agents for L.A. Care members. Drugs that are available in generic formulations are listed by their generic names and it's most common proprietary (branded) name is capitalized next to the generic name in parenthesis. Drugs that only come in Brand name formulations are listed by the proprietary (Brand) name. The Formulary may be accessed by using the index, either by generic or proprietary name and by therapeutic drug category. Any non-generically available drug not found in this Formulary listing, or any Formulary updates published by L.A. Care shall be considered a Non-Formulary drug.

All drugs are listed in each category in alphabetical order either by generic or proprietary name depending on what formulation is FDA approved and on the market.

For certain agents within the Drug Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

Symbol	Restriction	Description
INF	Infertility	Infertility drugs
NC	Not Covered	Drug that is non-formulary and will not be paid for by the plan without prior approval/prior authorization
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
SP	Specialty Pharmacy Availability	Drug is considered a specialty drug and is available through the specialty pharmacy vendor, however they are not restricted to a specific pharmacy
VAC	Vaccine Program	Coverage is available through a vaccine program
LD	Limited Distribution	Coverage is available through a limited distributor or limited number of distributors
OTC	Over the Counter	Coverage of OTC medication
RS	Restricted to Specialist	Coverage may be dependent on the specialty of the prescribing physician
SPF	First Fill Available at Retail Pharmacy	Initial fill can be dispensed at a contracted retail pharmacy and all subsequent fills MUST be dispensed at the specialty pharmacy provider of the plans choice
MSP	Mandatory Specialty Pharmacy Program	All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans choice
PA	Prior Authorization	Requires specific physician request process
SMKG	Smoking Cessation	Coverage for the treatment of smoking cessation drugs, which may have specific restrictions
ST	Step Therapy	Coverage may depend on previous use of another drug

Please refer to the prescribing guideline appendix within this document for details regarding specific agents.

Carve Out Medications

Drugs indicated for the treatment of: AIDS/HIV (excluding Didanosine and Zidovudine), Psychosis, Alcohol & Drug dependency, and Hemophilia are not on the formulary for Medi-Cal members because these drugs may be covered and/or reviewed by the state Medi-cal Fee for Service program.

Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the Formulary.

The Formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact their L.A. Care Health Plan Member Services department at 1-888-839-9909 (TTY 1-866-522-2731).

Depending upon a member's specific benefit parameters, the following topics may apply:

- Generic Substitution**
 - When available, FDA approved generic drugs are to be used in all situations, regardless of the brand name

indicated. The generic names are lower case in the formulary listing wherever an FDA approved generic drug product is available. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by L.A. Care's P&T Committee.

- Drug product will be approved for generic substitution by the L.A. Care P&T Committee.

This list is reviewed and updated periodically based on the clinical literature and available pharmacokinetic principles of the drug products.

If a member or physician requests a brand name product in lieu of an approved generic, the member and the physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

2. **Step Therapy**

L.A. Care uses Step Therapy to promote cost-effective pharmaceutical management when there are multiple effective drugs to treat a condition. Drugs that are listed in the Formulary as Step Therapy (ST) require one or more "prerequisite" first step drugs to be tried before progressing to the second step drug. If medically necessary, a second step medication can be obtained without first trying a first step medication by submitting a completed Medication Request Form. Each request will be reviewed on an individual patient need. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of the first step drug is contraindicated in the patient.
- The first step drug is not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of the first step drug may provoke an underlying condition, which would be detrimental to patient care.

3. **Medication Request Process**

Depending upon plan benefit design, a medication request process may apply as follows:

A. Formulary Agents

Drugs that are listed in the Formulary as Prior Authorization (PA) require evaluation, per L.A. Care P&T Committee Prior Authorization guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved and alternative therapy may be recommended.

B. Non-Formulary Agents

Any generic or proprietary drug name not found in the Formulary listing, or any Formulary updates published by L.A. Care, shall be considered a Non-Formulary drug. Coverage for non-formulary agents may be applied for in advance by the physician. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of Formulary Drugs is contraindicated in the patient.
- The patient has failed an appropriate trial of Formulary or related agents.
- The choices available in the Formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of a Formulary drug may provoke an underlying condition, which would be detrimental to patient care.

C. Obtaining Coverage

Coverage, questions or information regarding the medication request or formulary process may be obtained by:

1. Faxing a fully completed and signed Medication Request Form to Navitus Health Solutions (855)878-9209.
2. Contacting Navitus at (844)268-9786 and providing all necessary information requested.

Navitus will provide an authorization number, specific for the medical need, for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

4. Therapeutic Interchange

L.A. Care may use Therapeutic Interchange to promote rational pharmaceutical therapy when evidence suggests that outcomes can be improved by substituting a drug that is therapeutically equivalent but chemically different from the prescribed drug. Improved outcomes include, but are not limited to, enhanced compliance, superior side-effect or risk profile, clinically superior results, and equivalent clinical results at a reduced cost. Therapeutic Interchange protocols are never automatic; a dispensing provider may not substitute an alternate, therapeutically equivalent, drug for a prescribed drug without the knowledge and authorization of the prescribing practitioner.

Drugs may be considered for Therapeutic Interchange if they are:

1. High risk
2. High volume
3. High cost
4. Overused in routine conditions.

In designing Therapeutic Interchange protocols, drug characteristics are considered including:

1. Efficacy
2. Dosage Formulation
3. Safety
4. Cost
5. Pharmacoeconomic variables

5. **General Exclusions**

- A. OTC medications are available for Medi-Cal members subject to formulary coverage of these agents.
- B. Drugs specifically listed as not covered are not covered.
- C. Any drug products used for cosmetic purposes are not covered.
- D. Infertility Agents.
- E. Experimental drug products, or any drug product used in an experimental manner, are not covered.
- F. Non self-administered injectable drug products are not covered unless otherwise specified in the Formulary listing.
- G. Foreign drugs or drugs not approved by the United States Food & Drug Administration are not covered.

The P&T Committee recognizes that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

Pharmacist and Physician Communication

The Formulary is a tool to promote cost-effective prescription drug use. The P&T Committee has made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. L.A. Care welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions, comments or formulary additions to L.A. Care via e-mail to Pharmacy@lacare.org or by mail at the following address:

Yana Paulson Pharm.D., Senior Director of Pharmacy & Formulary
L.A. Care Health Plan
1055 W 7th Street, 4th Floor
Los Angeles, CA 90017

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar. It will then display a search box for you to type in the name of drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

L.A. Care Health Plan Medi-Cal Formulary
Alphabetical Index
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Drug Name	Special Code	Tier	Category
8-MOP CAP	-	F	DERMATOLOGICALS
a - d oint	OTC	F	DERMATOLOGICALS
acarbose tab (PRECOSE equiv)	-	F	ANTIDIABETICS
acebutolol cap (SECTRAL equiv)	-	F	BETA BLOCKERS
acetaminophen chew tab	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen drops (Only covered for members 20 years and younger)	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen elixir (Only covered for members 20 years and younger)	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen er tab	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen liquid (Only covered for members 20 years and younger)	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen supp	OTC	F	ANALGESICS - NONNARCOTIC
ACETAMINOPHEN SYRUP (Only covered for members 20 years and younger)	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen tab	OTC	F	ANALGESICS - NONNARCOTIC
acetaminophen/codeine soln	-	F	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	F	ANALGESICS - OPIOID
acetaminophen-pamabrom-pyrimilamine tab (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	ANALGESICS - NONNARCOTIC
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	F	DIURETICS
acetazolamide tab	-	F	DIURETICS
ACETAZOLAMIDE TAB 125MG	-	F	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	F	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	F	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	F	OTIC AGENTS
acetylcysteine soln	-	F	COUGH/COLD/ALLERGY
ACIDIC VAGINAL JELLY	-	F	VAGINAL PRODUCTS
acitretin cap (SORIATANE equiv)	-	F	DERMATOLOGICALS
ACTIMMUNE INJ	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
acyclovir cap (ZOVIRAX equiv)	-	F	ANTIVIRALS
acyclovir oint (ZOVIRAX OINT equiv)	-	F	DERMATOLOGICALS
acyclovir susp	-	F	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	F	ANTIVIRALS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
adapalene gel 0.1% (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
adapalene gel 0.3% (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
ADCIRCA TAB (Product is mandated through Acaria Specialty Pharmacy.)	PA-SPF	F	CARDIOVASCULAR AGENTS - MISC.
ADDERALL XR CAP	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
adefovir dipivoxil tab (HEPSERA equiv)	SP	F	ANTIVIRALS
ADVAIR DISKUS INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AEROCHAMBER	OTC	F	MEDICAL DEVICES
AEROSPAN HFA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

INF	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	Infertility	PA	Limited Distribution	QL	Mandatory Specialty Pharmacy Program
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	SPF	Limited to two 15 day fills per month for first 3 months	ST	Smoking Cessation
VAC	Available through Specialty Pharmacy Program		First Fill available at Retail Pharmacy		Step Therapy
	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

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Drug Name	Special Code	Tier	Category
AFINITOR DISPERZ (QL= 1 tab/day; Product is mandated through Acaria Specialty Pharmacy)	PA-QL-SF-SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL = 1 tab/day; Product is mandated through Acaria Specialty Pharmacy.)	PA-QL-SF-SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AGGRENEX CAP	-	F	HEMATOLOGICAL AGENTS - MISC.
AKYNZEO CAP (QL= 1 cap/fill; Product is mandated through Acaria Specialty Pharmacy. Restricted to Oncology/Hematology specialist)	QL-RS-SPF	F	ANTIEMETICS
ALAMAST OPHTH SOLN	-	F	OPHTHALMIC AGENTS
albuterol neb soln 0.083%	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln 0.5%	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	F	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	F	DERMATOLOGICALS
ALCOHOL SWABS	OTC	F	MEDICAL DEVICES
ALCOHOL WIPES	OTC	F	DERMATOLOGICALS
alendronate tab (FOSAMAX equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALFERON-N INJ	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP	-	F	ANTI-INFECTIVE AGENTS - MISC.
ALKERAN TAB	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
allopurinol tab (ZYLOPRIM equiv)	-	F	GOUT AGENTS
ALOMIDE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
alprazolam tab (XANAX equiv)	-	F	ANTI-ANXIETY AGENTS
aluminum chloride soln (DRYSOL equiv)	-	F	DERMATOLOGICALS
ALUMINUM HYDROXIDE GEL SUSP.	OTC	F	ANTACIDS
amcinonide cream (CYCLOCORT CREAM equiv)	-	F	DERMATOLOGICALS
AMCINONIDE CREAM 0.1%	-	F	DERMATOLOGICALS
AMCINONIDE OINT	-	F	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	F	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	F	DIURETICS
amiloride/hydrochlorothiazide tab	-	F	DIURETICS
aminocaproic acid syrup (AMICAR equiv)	-	F	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	F	HEMOSTATICS
AMINOCAPROIC ACID/AMICAR TAB 1000MG	-	F	HEMOSTATICS
aminophylline tab	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone tab (PACERONE equiv)	-	F	ANTIARRHYTHMICS
amitriptyline tab	-	F	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
amlodipine/ valsartan tab (EXFORGE TAB equiv)	-	F	ANTIHYPERTENSIVES
amlodipine/atorvastatin tab (CADUET equiv)	-	F	CARDIOVASCULAR AGENTS - MISC.

INF	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	Infertility	PA	Limited Distribution	QL	Mandatory Specialty Pharmacy Program
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	SPF	Limited to two 15 day fills per month for first 3 months	ST	Smoking Cessation
VAC	Available through Specialty Pharmacy Program		First Fill available at Retail Pharmacy		Step Therapy
	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

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Drug Name	Special Code	Tier	Category
amlodipine/benazepril cap (LOTREL equiv)	-	F	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT TAB equiv)	-	F	ANTIHYPERTENSIVES
ammonium lactate cream	OTC	F	DERMATOLOGICALS
ammonium lactate lotion	OTC	F	DERMATOLOGICALS
amnestem cap (ACCUTANE equiv)	-	F	DERMATOLOGICALS
AMOXAPINE TAB	-	F	ANTIDEPRESSANTS
amoxicillin cap	-	F	PENICILLINS
amoxicillin chew tab	-	F	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	F	PENICILLINS
amoxicillin susp (AMOXIL equiv)	-	F	PENICILLINS
amoxicillin tab	-	F	PENICILLINS
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	F	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	F	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	F	PENICILLINS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
ampicillin cap	-	F	PENICILLINS
AMPYRA TAB (QL = 2 tab/day)	MSP-PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
anagrelide cap (AGRYLIN equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
anastrozole tab (ARIMIDEX equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDROGEL 1.62% 1.25GM (QL= 1 packet/ day)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packet/ day)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROGEL 25MG (QL= 1 packet/day)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROGEL 50MG (QL = 2 packets/day)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1% (QL = 4 bottle/30 days)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL = 2 bottle/30 days)	PA-QL	F	ANDROGENS-ANABOLIC
ANDROXY TAB	-	F	ANDROGENS-ANABOLIC
ANORO ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
antacid chew tab	OTC	F	ANTACIDS
anti-nausea soln.	OTC	F	ANTIEMETICS
antipyrine/benzocaine otic soln (AURALGAN OTIC equiv)	-	F	OTIC AGENTS
APEXICON E CREAM (PSORCON E equiv)	-	F	DERMATOLOGICALS
apexicon oint	-	F	DERMATOLOGICALS
APHTHASOL PASTE	-	F	MOUTH/THROAT/DENTAL AGENTS
APOKYN INJ	-	F	ANTIPARKINSON AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	F	OPHTHALMIC AGENTS
apri tab (DESOGEN equiv)	-	F	CONTRACEPTIVES
APRISO CAP	-	F	GASTROINTESTINAL AGENTS - MISC.
aranelle tab (TRI-NORINYL equiv)	-	F	CONTRACEPTIVES
ARNUITY ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
artificial tears oint	OTC	F	OPHTHALMIC AGENTS
artificial tears soln	OTC	F	OPHTHALMIC AGENTS
ASACOL (HD)/LIALDA TAB	-	F	GASTROINTESTINAL AGENTS - MISC.
ascorbic acid cap	OTC	F	VITAMINS
ascorbic acid chew tab	OTC	F	VITAMINS
ascorbic acid er tab	OTC	F	VITAMINS
ascorbic acid lozenge	OTC	F	VITAMINS
ascorbic acid syrup	OTC	F	VITAMINS

INF	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	Infertility	PA	Limited Distribution	QL	Mandatory Specialty Pharmacy Program
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	SPF	Limited to two 15 day fills per month for first 3 months	ST	Smoking Cessation
VAC	Available through Specialty Pharmacy Program		First Fill available at Retail Pharmacy		Step Therapy
	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

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ascorbic acid tab	OTC	F	MULTIVITAMINS
ASCORBIC ACID WAFER	OTC	F	VITAMINS
aspirin chew tab	OTC	F	ANALGESICS - NONNARCOTIC
aspirin ec tab	OTC	F	ANALGESICS - NONNARCOTIC
aspirin supp.	OTC	F	ANALGESICS - NONNARCOTIC
aspirin tab	OTC	F	ANALGESICS - NONNARCOTIC
ASPIRIN/ACETAMINOPHEN/CALCIUM CARBONATE TAB (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	F	ANALGESICS - OPIOID
ASSURE PLATINUM TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
atenolol tab (TENORMIN equiv)	-	F	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	F	ANTIHYPERTENSIVES
atorvastatin tab (LIPITOR equiv)	-	F	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	F	ANTIMALARIALS
atropine ophth oint	-	F	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	F	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	F	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB (QL = 1 tab/day)	MSP-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
augmented betamethasone lotion (DIPROLENE LOTION equiv)	-	F	DERMATOLOGICALS
AVANDAMET TAB	-	F	ANTIDIABETICS
AVANDARYL TAB	-	F	ANTIDIABETICS
AVANDIA TAB	-	F	ANTIDIABETICS
AVC CREAM	-	F	VAGINAL PRODUCTS
aviane tab (ALESSE equiv)	-	F	CONTRACEPTIVES
AVODART CAP	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
AVONEX INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AZASITE SOLN	-	F	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	F	ASSORTED CLASSES
azelastine nasal spray (ASTELIN equiv)	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZILECT TAB	-	F	ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX SUSP equiv)	-	F	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	F	MACROLIDES
bacitracin oint	OTC	F	DERMATOLOGICALS
BACITRACIN OPHTH OINT	-	F	OPHTHALMIC AGENTS
bacitracin/ neomycin/ polymyxin b ophth oint	-	F	OPHTHALMIC AGENTS
bacitracin/ polymyxin b ophth oint	-	F	OPHTHALMIC AGENTS
bacitracin/ polymyxin/ neomycin/ hydrocortisone ophth oint	-	F	OPHTHALMIC AGENTS
bacitracin/polymyxin b oint	OTC	F	DERMATOLOGICALS
bacitracin/zinc oint.	OTC	F	DERMATOLOGICALS
baclofen tab	-	F	MUSCULOSKELETAL THERAPY AGENTS
balsalazide cap (COLAZAL equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
balziva tab (OVCON 35 equiv)	-	F	CONTRACEPTIVES
BANZEL SUSP	-	F	ANTICONVULSANTS
BANZEL TAB	-	F	ANTICONVULSANTS
B-D INSULIN SYRINGE	OTC	F	MEDICAL DEVICES
B-D PEN NEEDLE	OTC	F	MEDICAL DEVICES
BELLADONNA ALKALOID/OPIUM SUPP	-	F	ULCER DRUGS

INF	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	Infertility	PA	Limited Distribution	QL	Mandatory Specialty Pharmacy Program
RS	Over-the-Counter	SF	Prior Authorization	ST	Quantity Limit
SP	Restricted to Specialist	SPF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Available through Specialty Pharmacy Program		First Fill available at Retail Pharmacy		Step Therapy
	Vaccine Program				

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Drug Name	Special Code	Tier	Category
BELVIQ TAB (QL = 2 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
benazepril tab (LOTENSIN equiv)	-	F	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	F	ANTIHYPERTENSIVES
benzonatate cap (TESSALON equiv)	-	F	COUGH/COLD/ALLERGY
benzoyl peroxide cream (QL = 1 tube/30 day)	OTC-QL	F	DERMATOLOGICALS
benzoyl peroxide gel (QL = 1 tube/30 day)	OTC-QL	F	DERMATOLOGICALS
benzoyl peroxide liquid (QL = 1 bottle/30 day)	OTC-QL	F	DERMATOLOGICALS
benzoyl peroxide lotion (QL = 1 bottle/30 day)	OTC-QL	F	DERMATOLOGICALS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	F	DERMATOLOGICALS
betamethasone augmented gel (DIPROLENE GEL equiv)	-	F	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	F	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	F	DERMATOLOGICALS
betamethasone dipropionate lotion	-	F	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	F	DERMATOLOGICALS
betamethasone valerate cream	-	F	DERMATOLOGICALS
betamethasone valerate lotion	-	F	DERMATOLOGICALS
betamethasone valerate oint	-	F	DERMATOLOGICALS
betaxolol ophth soln	-	F	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	F	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	F	URINARY ANTISPASMODICS
BETIMOL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	F	OPHTHALMIC AGENTS
bexarotene cap (TARGRETIN CAP equiv) (Product is mandated through Acaria Specialty Pharmacy.)	PA-SF-SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEYAZ TAB	-	F	CONTRACEPTIVES
bicalutamide tab (CASODEX equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BILTRICIDE TAB	-	F	ANTHELMINTICS
BISACODYL ENEMA	OTC	F	LAXATIVES
bisacodyl supp.	OTC	F	LAXATIVES
bisacodyl tab	OTC	F	LAXATIVES
bismuth subsalicylate chew tab	OTC	F	ANTIDIARRHEALS
bismuth subsalicylate susp.	OTC	F	ANTIDIARRHEALS
bismuth subsalicylate tab	OTC	F	ANTIDIARRHEALS
bisoprolol tab (ZEBETA equiv)	-	F	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	F	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
BOSULIF TAB (Product is mandated through Acaria Specialty Pharmacy)	PA-SF-SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
brimonidine ophth soln (ALPHAGAN P equiv)	-	F	OPHTHALMIC AGENTS
BROMDAY OPHTH SOLN	-	F	OPHTHALMIC AGENTS
bromfenac ophth soln (BROMDAY equiv)	-	F	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	F	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	F	ANTIPARKINSON AGENTS
brompheniram/phenylephrine/dm soln (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
budesonide susp (PULMICORT RESPULES equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab	-	F	DIURETICS

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BUPHENYL TAB	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
buproban SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion SR tab (WELLBUTRIN SR equiv)	-	F	ANTIDEPRESSANTS
bupropion tab (WELLBUTRIN equiv)	-	F	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	F	ANTIDEPRESSANTS
buspirone tab (BUSPAR equiv)	-	F	ANTI-ANXIETY AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	F	ANALGESICS - OPIOID
BYDUREON INJ (QL=4 inj/28 days)	QL	F	ANTIDIABETICS
BYDUREON PEN INJ (QL=4 inj/28 days)	QL	F	ANTIDIABETICS
BYSTOLIC TAB	-	F	BETA BLOCKERS
cabergoline tab (DOSTINEX equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
CALAMINE LOTION	OTC	F	DERMATOLOGICALS
calcipotriene cream (DOVONEX CREAM equiv)	-	F	DERMATOLOGICALS
calcipotriene oint	-	F	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	F	DERMATOLOGICALS
calcitriol cap (ROCALTROL equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol inj (CALCIJEX equiv)	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol soln (ROCALTROL SOLN. equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
CALCIUM ACETATE TAB (QL = 9 tab/day)	QL	F	MINERALS & ELECTROLYTES
calcium and phosphorus w/vitamin D tab (RISACAL-D equiv)	OTC	F	MINERALS & ELECTROLYTES
CALCIUM CARBONATE CAP	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate chew tab	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate susp.	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate tab	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/ vitamin d cap	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/ vitamin D chew tab	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/ vitamin d tab	OTC	F	MINERALS & ELECTROLYTES
calcium carbonate w/ vitamind D tab	OTC	F	MINERALS & ELECTROLYTES
CALCIUM CARBONATE/GLUCONATE W/ VITAMIN D TAB	OTC	F	MINERALS & ELECTROLYTES
calcium citrate tab	OTC	F	MINERALS & ELECTROLYTES
calcium citrate w/ vitamin d tab	OTC	F	MINERALS & ELECTROLYTES
CALCIUM GLUCONATE TAB	OTC	F	MINERALS & ELECTROLYTES
CALCIUM LACTATE TAB	OTC	F	MINERALS & ELECTROLYTES
calcium pycarbophil tab (FIBERCON equiv)	OTC	F	LAXATIVES
CANASA SUPP	-	F	GASTROINTESTINAL AGENTS - MISC.
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	F	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv) (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin cream	OTC	F	DERMATOLOGICALS
capsaicin pad	OTC	F	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	F	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	F	ANTIHYPERTENSIVES
CARAFATE SUSP	-	F	ULCER DRUGS

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carbamazepine chew tab (TEGRETOL CHEW equiv)	-	F	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	F	ANTICONVULSANTS
carbamazepine susp (TEGRETOL SUSP. equiv)	-	F	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	F	ANTICONVULSANTS
carbamide peroxide otic drop	OTC	F	OTIC AGENTS
carbidopa tab (LODOSYN equiv)	-	F	ANTIPARKINSON AGENTS
CARBIDOPA/ LEVODOPA/ ENTACAPONE TAB (STALEVO TAB equiv)	-	F	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	F	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	F	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	F	ANTIPARKINSON AGENTS
carisoprodol tab (SOMA equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab	-	F	MUSCULOSKELETAL THERAPY AGENTS
carteolol ophth soln	-	F	OPHTHALMIC AGENTS
carvedilol tab (COREG equiv)	-	F	BETA BLOCKERS
CAYSTON INH SOLN (Only available through Cystic Fibrosis Services, Inc. 800-541-4959)	LD-PA	F	ANTI-INFECTIVE AGENTS - MISC.
CEENU CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cefadroxil cap (DURICEF equiv)	-	F	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	F	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	F	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	F	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	F	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	F	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	F	CEPHALOSPORINS
cefuroxime susp (CEFTIN equiv)	-	F	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	F	CEPHALOSPORINS
celecoxib cap (CELEBREX CAP equiv) (QL = 2 cap/ day)	QL	F	ANALGESICS - ANTI-INFLAMMATORY
CELONTIN CAP	-	F	ANTICONVULSANTS
CENHIST CHEW TAB (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
cephalexin cap	-	F	CEPHALOSPORINS
cephalexin susp	-	F	CEPHALOSPORINS
CEPHALEXIN TAB	-	F	CEPHALOSPORINS
CERVICAL CAP	-	F	MEDICAL DEVICES
cesia tab (CYCLESSA equiv)	-	F	CONTRACEPTIVES
cetirizine chew tab (QL = 1 TAB/DAY)	OTC-QL	F	ANTIHISTAMINES
cetirizine syrup (ZYRTEC equiv)	OTC	F	ANTIHISTAMINES
cetirizine tab (QL = 1 TAB/DAY)	OTC-QL	F	ANTIHISTAMINES
cetirizine/pseudoephedrine 12-hour tab (QL = 1 TAB/DAY)	OTC-QL	F	COUGH/COLD/ALLERGY
cevimeline cap (EVOXAC equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	F	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	F	ANTI-ANXIETY AGENTS
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlorhexidine gluconate liquid (HIBICLENS equiv)	OTC	F	ANTISEPTICS & DISINFECTANTS
chlorhexidine gluconate soln	-	F	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	F	ANTIMALARIALS
chlorothiazide tab	-	F	DIURETICS
CHLOROTHIAZIDE TAB 250MG	-	F	DIURETICS
chlorpheniramine cr tab (Only covered for members 2 years and older)	OTC	F	ANTIHISTAMINES

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chlorpheniramine syrup (Only covered for members 2 years and older)	OTC	F	ANTIHISTAMINES
chlorpheniramine tab (Only covered for members 2 years and older)	OTC	F	ANTIHISTAMINES
chlorpheniramine/acetaminophen tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine/apap effer tab (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine/apap susp. (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F	COUGH/COLD/ALLERGY
chlorpheniramine/phenylephrine/apap tab (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F	COUGH/COLD/ALLERGY
CHLORPHENIRAMINE/PSEUDOEPHEDRINE/IBUPROFEN TAB (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
chlorpropamide tab (DIABINESE equiv)	-	F	ANTIDIABETICS
CHLORTHALIDONE TAB	-	F	DIURETICS
chlorzoxazone tab (PARAFON FORTE equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
cholecalciferol cap	OTC	F	VITAMINS
cholecalciferol oral soln.	OTC	F	VITAMINS
cholecalciferol tab	OTC	F	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	F	ANTIHYPERTENSIVES
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	F	ANTIHYPERTENSIVES
cholestyramine powder (QUESTRAN equiv)	-	F	ANTIHYPERTENSIVES
cholestyramine powder pack (QUESTRAN equiv)	-	F	ANTIHYPERTENSIVES
choline magnesium trisalicylate tab	-	F	ANALGESICS - NONNARCOTIC
CHROMAGEN FORTE TAB	-	F	HEMATOPOIETIC AGENTS
CHROMAGEN TAB	-	F	HEMATOPOIETIC AGENTS
ciclopirox cream (LOPROX CREAM equiv)	-	F	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	F	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	F	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	F	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	F	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
cimetidine soln	-	F	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	F	ULCER DRUGS
CIPRODEX OTIC SUSP	-	F	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	-	F	OPHTHALMIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	F	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	F	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	F	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	F	ANTIDEPRESSANTS
clarithromycin susp (BIAXIN equiv)	-	F	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	F	MACROLIDES
CLARITIN REDITAB (QL = 1 tab/day)	OTC-QL	F	ANTIHISTAMINES
clemastine fumarate tab	OTC	F	ANTIHISTAMINES
clindamycin cap 150mg	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin cap 75mg (CLEOCIN equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
clindamycin gel (CLEOCIN GEL equiv)	-	F	DERMATOLOGICALS
clindamycin topical soln (CLEOCIN-T equiv)	-	F	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN VAGINAL CREAM equiv)	-	F	VAGINAL PRODUCTS
CLINISTIX TEST STRIP	OTC	F	DIAGNOSTIC PRODUCTS
clobetasol propionate cream (TEMOVATE CREAM equiv)	-	F	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	F	DERMATOLOGICALS

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clobetasol propionate gel (TEMOVATE GEL equiv)	-	F	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE OINT equiv)	-	F	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE SOLN equiv)	-	F	DERMATOLOGICALS
clonazepam tab (KLONOPIN equiv)	-	F	ANTICONVULSANTS
clonidine patch (CATAPRES-TTS equiv)	-	F	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	F	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX 75MG TAB equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	F	ANTIANKXIETY AGENTS
clotrimazole cream	OTC	F	DERMATOLOGICALS
clotrimazole soln.	-	F	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
clotrimazole vaginal cream	OTC	F	VAGINAL PRODUCTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	F	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	F	DERMATOLOGICALS
CLOVERINE OINT	OTC	F	DERMATOLOGICALS
codeine sulfate tab	-	F	ANALGESICS - OPIOID
COLCHICINE TAB (COLCRYS TAB equiv)	-	F	GOUT AGENTS
colchicine/probenecid tab	-	F	GOUT AGENTS
colestipol tab (COLESTID equiv)	-	F	ANTIHYPERLIPIDEMICS
COLY-MYCIN S OTIC SUSP	-	F	OTIC AGENTS
COMBIVENT INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVENT RESPIMAT INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CONCEPTROL GEL	OTC	F	VAGINAL PRODUCTS
CONEX TAB (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
CONTRACEPTIVE FILM	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	F	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	F	VAGINAL PRODUCTS
CONTRAIVE TAB (QL= 4 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
COPAXONE INJ 20MG/ML (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPAXONE INJ 40MG/ML (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CORTEF TAB	-	F	CORTICOSTEROIDS
CORTISONE ACETATE TAB	-	F	CORTICOSTEROIDS
CREON CAP	-	F	DIGESTIVE AIDS
cromolyn conc (GASTROCROM equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
cromolyn nasal spray	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
CROMOLYN NEB SOLN	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	F	OPHTHALMIC AGENTS
cryselle tab (LO/OVRAL equiv)	-	F	CONTRACEPTIVES
CUPRIMINE CAP	-	F	ASSORTED CLASSES
cyanocobalamin inj	-	F	HEMATOPOIETIC AGENTS
cyanocobalamine er tab	OTC	F	HEMATOPOIETIC AGENTS
cyanocobalamine lozenge	OTC	F	HEMATOPOIETIC AGENTS
cyanocobalamine sl tab	OTC	F	HEMATOPOIETIC AGENTS
cyanocobalamine tab	OTC	F	HEMATOPOIETIC AGENTS

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cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN 0.5%, 2%	-	F	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	F	OPHTHALMIC AGENTS
CYCLOPHOSPHAMIDE CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine cap (SANDIMMUNE equiv)	-	F	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	F	ASSORTED CLASSES
CYCLOSPORINE MODIFIED CAP 50MG	-	F	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	F	ASSORTED CLASSES
cyproheptadine syrup	-	F	ANTIHISTAMINES
cyproheptadine tab	-	F	ANTIHISTAMINES
CYSTAGON CAP	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP (POLYCITRA SYRUP equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
danazol cap (DANOCRINE equiv)	-	F	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
DANTROLENE CAP 100MG (DANTRIUM equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
DAPSONE TAB	-	F	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB	-	F	ANTIMALARIALS
demeclocycline tab (DECLOMYCIN equiv)	-	F	TETRACYCLINES
DENAVIR CREAM	-	F	DERMATOLOGICALS
desipramine tab (NORPRAMIN equiv)	-	F	ANTIDEPRESSANTS
DESITIN PASTE	OTC	F	DERMATOLOGICALS
desmopressin acetate inj (DDAVP equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin nasal soln (DDAVP equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
desonide cream	-	F	DERMATOLOGICALS
desonide lotion	-	F	DERMATOLOGICALS
desonide oint	-	F	DERMATOLOGICALS
desoximetasone cream 0.25% (TOPICORT CREAM 0.25% equiv)	-	F	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	F	DERMATOLOGICALS
desoximetasone oint 0.25% (TOPICORT equiv)	-	F	DERMATOLOGICALS
DEXAMETHASONE CONC	-	F	CORTICOSTEROIDS
dexamethasone ophth soln	-	F	OPHTHALMIC AGENTS
dexamethasone soln	-	F	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	F	CORTICOSTEROIDS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
DEXTROMETHOR/ACETAMIN/DIPHEN LIQUID (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan cap (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan er liquid (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan hb/doxylamine soln. (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY

INF	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	Infertility	PA	Limited Distribution	QL	Mandatory Specialty Pharmacy Program
RS	Over-the-Counter	SF	Prior Authorization	ST	Quantity Limit
SP	Restricted to Specialist	SPF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Available through Specialty Pharmacy Program		First Fill available at Retail Pharmacy		Step Therapy
	Vaccine Program				

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dextromethorphan hbr/chlorpheniramine liquid (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan hbr/chlorpheniramine tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan liquid (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN LOZENGE (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan syrup (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/phenylephrine liquid (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN/PHENYLEPHRINE STRIP (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN/PSEUDOEPHED DROPS (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN/PSEUDOEPHED ELIXIR (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/pseudoephed syrup (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN/ACETAMINOPH/CP LIQUID (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/acetaminoph/cp susp (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
dextromethorphan/acetaminoph/cp tab (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
)			
dialyvite tab (NEPHRO-VITE equiv)	--OTC	F	MULTIVITAMINS
DIAPHRAGM	-	F	MEDICAL DEVICES
diazepam conc	-	F	ANTI-ANXIETY AGENTS
DIAZEPAM SOLN	-	F	ANTI-ANXIETY AGENTS
diazepam tab (VALIUM equiv)	-	F	ANTI-ANXIETY AGENTS
DIAZEPAM/DIASTAT RECTAL GEL	-	F	ANTI-CONVULSANTS
DIBENZYLIN CAP	-	F	ANTI-HYPERTENSIVES
diclofenac potassium tab (CATAFLAM equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth (VOLTAREN equiv)	-	F	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap	-	F	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	F	ULCER DRUGS
DICYCLOMINE SOLN	-	F	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	F	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	SP	F	ANTIVIRALS
DIETHYLTOLUAMIDE LOTION	OTC	F	DERMATOLOGICALS
DIFICID TAB (QL= 20 tab/fill; Step Therapy requires trial of vancomycin)	QL-ST	F	MACROLIDES
DIFLORASONE CREAM	-	F	DERMATOLOGICALS
DIFLORASONE OINTMENT	-	F	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	F	ANALGESICS - NONNARCOTIC
digoxin tab (LANOXIN equiv)	-	F	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	F	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	F	ANTI-CONVULSANTS
diltiazem ER cap (DILACOR XR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	F	CALCIUM CHANNEL BLOCKERS
dimenhydrin tab	OTC	F	ANTIEMETICS
dimethicone gel	OTC	F	DERMATOLOGICALS
diphenhydramine cap (Only covered for members 2 years and older)	OTC	F	ANTI-HISTAMINES

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	Vaccine Program				

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Drug Name	Special Code	Tier	Category
diphenhydramine chew tab (Only covered for members 2 years and older)	OTC	F	ANTIHISTAMINES
diphenhydramine cream	OTC	F	DERMATOLOGICALS
diphenhydramine gel	OTC	F	DERMATOLOGICALS
diphenhydramine liquid (Only covered for members 2 years and older)	OTC	F	ANTIHISTAMINES
diphenhydramine rapid tab (Only covered for members 2 years and older)	OTC	F	ANTIHISTAMINES
diphenhydramine spray	OTC	F	DERMATOLOGICALS
DIPHENHYDRAMINE STRIP (Only covered for members 2 years and older)	OTC	F	ANTIHISTAMINES
diphenhydramine syrup (Only covered for members 2 years and older)	OTC	F	ANTIHISTAMINES
diphenhydramine tab	OTC	F	HYPNOTICS
diphenhydramine/acetaminophen tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
DIPHENHYDRAMINE/APAP LIQUID (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	HYPNOTICS
diphenhydramine/apap tab (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	HYPNOTICS
diphenhydramine/phenylephrine/apap liquid (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/phenylephrine/apap susp. (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F	COUGH/COLD/ALLERGY
diphenhydramine/phenylephrine/apap tab (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F	COUGH/COLD/ALLERGY
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	F	ANTIDIARRHEALS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	F	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	F	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	F	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	F	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	F	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	F	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE SPRINKLE equiv)	-	F	ANTICONVULSANTS
dm hb/pe/acetaminophen/chlorpheniramine liquid (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dm hb/pe/acetaminophen/chlorpheniramine susp. (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dm hb/pe/acetaminophen/chlorpheniramine tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dm hb/pseudoephed/acetamin/cp cap (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dm hb/pseudoephed/acetamin/cp packet (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dm hb/pseudoephed/acetamin/cp susp (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dm hb/pseudoephed/acetamin/cp tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dm/pe/acetaminophen/doxylamine liquid (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dm/p-ephed/acetaminoph/doxylam cap (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
dm/p-ephed/acetaminoph/doxylam liquid (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F	COUGH/COLD/ALLERGY
DM/PHENYLEPH/CHLORPHENIRAMINE LIQUID (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
DM/PHENYLEPH/CHLORPHENIRAMINE SOLN. (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY

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	Vaccine Program				

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dm/pseudoephed/acetaminophen cap (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
dm/pseudoephed/acetaminophen tab (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan hb/acetaminophen liquid (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan hb/p-epd hcl/bpm elixir (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan hb/p-epd hcl/bpm syrup (Only covered for members between 2 and 4 years old)	OTC	F	COUGH/COLD/ALLERGY
D-METHORPHAN HB/P-EPHED HCL/CP CHEW TAB (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan hb/p-ephed hcl/cp liquid (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan/acetamin/doxylamn cap (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan/acetamin/doxylamn liquid (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan/pe/acetaminophen cap (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan/pe/acetaminophen liquid (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
d-methorphan/pe/acetaminophen tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
docusate calcium cap	OTC	F	LAXATIVES
docusate sodium cap	OTC	F	LAXATIVES
docusate sodium enema	OTC	F	LAXATIVES
docusate sodium liquid	OTC	F	LAXATIVES
docusate sodium syrup	OTC	F	LAXATIVES
docusate sodium tab	OTC	F	LAXATIVES
donatussin liquid (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
donepezil ODT (ARICEPT ODT equiv) (QL=1 tab/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL=2 tabs/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT TAB 23MG equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dorzolamide ophth soln (TRUSOPT equiv)	-	F	OPHTHALMIC AGENTS
dorzolamide/ timolol ophth soln (COSOPT equiv)	-	F	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	F	ANTIHYPERTENSIVES
doxepin cap	-	F	ANTIDEPRESSANTS
doxercalciferol cap (HECTOROL equiv) (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	F	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	F	TETRACYCLINES
doxycycline monohydrate cap 100mg	-	F	TETRACYCLINES
doxycycline monohydrate cap 50mg	-	F	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	F	TETRACYCLINES
doxycycline susp	-	F	TETRACYCLINES
doxylamine succinate tab	OTC	F	HYPNOTICS
dronabinol cap (MARINOL equiv)	PA	F	ANTIEMETICS
DROXIA CAP	-	F	HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	F	DERMATOLOGICALS
DULCOLAX BOWEL PREP KIT	OTC	F	LAXATIVES
DULERA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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duloxetine EC cap (CYMBALTA equiv) (QL = 2 cap/day)	QL	F	ANTIDEPRESSANTS
DUREZOL OPTH EMULSION	-	F	OPHTHALMIC AGENTS
DYRENIUM CAP	-	F	DIURETICS
econazole cream (SPECTAZOLE CREAM equiv)	-	F	DERMATOLOGICALS
EDECRIN TAB	-	F	DIURETICS
EFFIENT TAB	-	F	HEMATOLOGICAL AGENTS - MISC.
ELIDEL CREAM	-	F	DERMATOLOGICALS
ELIQUIS TAB	-	F	ANTICOAGULANTS
ELLA TAB	-	F	CONTRACEPTIVES
ELMIRON CAP	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
EMCYT CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND CAP (QL= 3 cap/day; Product is mandated through Acaria Specialty Pharmacy. Restricted to Oncology/Hematology specialist)	QL-RS-SPF	F	ANTIEMETICS
EMEND PAK (QL= 3 cap/day; Product is mandated through Acaria Specialty Pharmacy. Restricted to Oncology/Hematology specialist)	QL-RS-SPF	F	ANTIEMETICS
enalapril tab (VASOTEC equiv)	-	F	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	F	ANTIHYPERTENSIVES
ENBREL INJ (QL= 4 syringes/28 days; Product is mandated through Acaria Specialty Pharmacy.)	MSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ (QL= 4 syringes/28 days; Product is mandated through Acaria Specialty Pharmacy.)	MSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
ENDOMETRIN INSERT	PA	F	VAGINAL PRODUCTS
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply; Product is mandated through Acaria Specialty Pharmacy.)	QL-SPF	F	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv)	-	F	CONTRACEPTIVES
entacapone tab (COMTAN equiv)	-	F	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL=1 tab/day. Product is mandated through Acaria Specialty Pharmacy.)	MSP-QL	F	ANTIVIRALS
EPANED SOLN	-	F	ANTIHYPERTENSIVES
EPHEDRINE SULFATE CAP (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
EPIFOAM AEROSOL	-	F	DERMATOLOGICALS
EPIPEN INJ (QL=2 units/fill)	QL	F	VASOPRESSORS
EPIPEN-JR INJ (QL=2 units/fill)	QL	F	VASOPRESSORS
EPOGEN INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	HEMATOPOIETIC AGENTS
eprosartan mesylate tab (TEVETEN equiv)	-	F	ANTIHYPERTENSIVES
EQUETRO CAP	-	F	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ergocalciferol soln.	OTC	F	VITAMINS
ERGOCALCIFEROL TAB	OTC	F	VITAMINS
ERIVEDGE CAP	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERYPED SUSP	-	F	MACROLIDES
erythromycin DR cap	-	F	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	F	MACROLIDES
erythromycin gel	-	F	DERMATOLOGICALS
erythromycin ophth oint	-	F	OPHTHALMIC AGENTS
erythromycin pad	-	F	DERMATOLOGICALS
erythromycin soln	-	F	DERMATOLOGICALS
ERYTHROMYCIN TAB (all forms except PCE)	-	F	MACROLIDES
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
escitalopram soln (LEXAPRO SOLN equiv)	-	F	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	F	ANTIDEPRESSANTS

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estazolam tab (PROSOM equiv)	-	F	HYPNOTICS
estradiol patch (VIVELLE-DOT PATCH equiv)	-	F	ESTROGENS
estradiol tab (ESTRACE equiv)	-	F	ESTROGENS
ESTRING (3 copays per Rx)	-	F	VAGINAL PRODUCTS
estropipate tab (OGEN equiv)	-	F	ESTROGENS
eszopiclone tab (LUNESTA equiv) (QL=1 tab/day)	QL	F	HYPNOTICS
ethambutol tab (MYAMBUTOL tab equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	F	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	F	ANTICONVULSANTS
etodolac cap	-	F	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	F	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap	SPF	F	ANTINEOPLASTICS
EURAX CREAM	-	F	DERMATOLOGICALS
EXELON PATCH	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXELON SOLN	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXJADE TAB	MSP	F	ANTIDOTES
eye wash soln.	OTC	F	OPHTHALMIC AGENTS
famotidine susp (PEPCID SUSP equiv)	-	F	ULCER DRUGS
famotidine tab	--OTC	F	ULCER DRUGS
FARESTON TAB	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
felbamate susp (FELBATOL SUSP. equiv)	-	F	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	F	ANTICONVULSANTS
FELBATOL TAB	-	F	ANTICONVULSANTS
FEMALE CONDOMS	OTC	F	MEDICAL DEVICES
fenofibrate cap (LOFIBRA equiv)	-	F	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	F	ANTIHYPERLIPIDEMICS
fenoprofen calcium tab	-	F	ANALGESICS - ANTI-INFLAMMATORY
fentanyl patch (DURAGESIC equiv)	-	F	ANALGESICS - OPIOID
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	F	HEMATOPOIETIC AGENTS
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F	ANTIDOTES
ferrous gluconate tab	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate dr tab	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate drops	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate elixir	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate er tab	OTC	F	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate slow release tab	OTC	F	HEMATOPOIETIC AGENTS
FERROUS SULFATE SYRUP	OTC	F	HEMATOPOIETIC AGENTS
ferrous sulfate tab	OTC	F	HEMATOPOIETIC AGENTS
FIBER LIQUID	OTC	F	LAXATIVES
FINACEA GEL	-	F	DERMATOLOGICALS
FINACEA PLUS KIT	-	F	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
flecainide tab (TAMBOCOR equiv)	-	F	ANTIARRHYTHMICS
FLEET ENEMA	OTC	F	LAXATIVES

INF	NC =Not Covered	LD	generic =small letters	MSP	BRANDS =CAPITAL LETTERS
OTC	Infertility	PA	Limited Distribution	QL	Mandatory Specialty Pharmacy Program
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	SPF	Limited to two 15 day fills per month for first 3 months	ST	Smoking Cessation
VAC	Available through Specialty Pharmacy Program		First Fill available at Retail Pharmacy		Step Therapy
	Vaccine Program				

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Drug Name	Special Code	Tier	Category
FLOVENT DISKUS INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluconazole susp (DIFLUCAN equiv)	-	F	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	F	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	F	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	F	CORTICOSTEROIDS
flunisolide nasal spray (NASAREL equiv) (QL=2 bottles/fill)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	F	DERMATOLOGICALS
fluocinolone acetonide oint	-	F	DERMATOLOGICALS
fluocinolone acetonide soln	-	F	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	F	OTIC AGENTS
fluocinonide cream (LIDEX equiv)	-	F	DERMATOLOGICALS
fluocinonide emollient cream	-	F	DERMATOLOGICALS
fluocinonide gel	-	F	DERMATOLOGICALS
fluocinonide oint	-	F	DERMATOLOGICALS
fluocinonide soln	-	F	DERMATOLOGICALS
FLUORABON SOLN	-	F	MINERALS & ELECTROLYTES
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	F	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX CREAM equiv)	-	F	DERMATOLOGICALS
fluorouracil soln (EFUDEX SOLN equiv)	-	F	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	F	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv)	-	F	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	F	ANTIDEPRESSANTS
FLURAZEPAM CAP	-	F	HYPNOTICS
flurbiprofen ophth soln (OCUFEN equiv)	-	F	OPHTHALMIC AGENTS
flurbiprofen tab	-	F	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone nasal spray (FLONASE equiv) (QL=2 bottles/fill)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	F	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	F	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	F	DERMATOLOGICALS
fluvastatin cap (LESCOL equiv)	-	F	ANTIHYPERTENSIVES
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	F	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	F	ANTIDEPRESSANTS
folbee plus cz tab (DIATX ZN equiv)	-	F	MULTIVITAMINS
folic acid tab	OTC	F	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv) (Product is mandated through Acaria Specialty Pharmacy.)	PA-SPF	F	ANTICOAGULANTS
FORADIL AEROLIZER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTEO INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTICAL NASAL SPRAY	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	F	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	F	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	F	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	F	GASTROINTESTINAL AGENTS - MISC.
FREESTYLE FREEDOM LITE METER	OTC	F	MEDICAL DEVICES

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SP	Restricted to Specialist	SPF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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	Vaccine Program				

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Drug Name	Special Code	Tier	Category
FREESTYLE INSULINX METER	OTC	F	MEDICAL DEVICES
FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
FREESTYLE LITE METER	OTC	F	MEDICAL DEVICES
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
FUNGOID SOLN	OTC	F	DERMATOLOGICALS
FUROSEMIDE SOLN	-	F	DIURETICS
furosemide tab (LASIX equiv)	-	F	DIURETICS
gabapentin cap (NEURONTIN equiv)	-	F	ANTICONVULSANTS
gabapentin soln (NEURONTIN SOLN equiv)	-	F	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	F	ANTICONVULSANTS
GABITRIL TAB 12MG, 16MG	-	F	ANTICONVULSANTS
galantamine ER cap (RAZADYNE ER equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN (RAZADYNE SOLN equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	F	MINERALS & ELECTROLYTES
GANCICLOVIR CAP	SP	F	ANTIVIRALS
GEL DRESSING (QL = 2 box/30 day)	QL	F	DERMATOLOGICALS
gemfibrozil tab (LOPID equiv)	-	F	ANTIHYPERTENSIVES
GENOTROPIN INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
gentamicin ophth oint	-	F	OPHTHALMIC AGENTS
gentamicin ophth soln	-	F	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	F	DERMATOLOGICALS
gentamicin sulfate oint	-	F	DERMATOLOGICALS
gianvi tab/ ocella tab (YAZ/YASMIN equiv)	-	F	CONTRACEPTIVES
GILOTRIF TAB (QL= 1 tab/day)	PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEEEVEC TAB (QL = 3 tab/day; Product is mandated through Acaria Specialty Pharmacy)	PA-QL-SF-SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	F	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	F	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	F	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	F	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ	-	F	ANTIDIABETICS
GLUCAGEN INJ	-	F	DIAGNOSTIC PRODUCTS
GLUCAGON INJ KIT	-	F	ANTIDIABETICS
GLUCOSE CHEW TAB	OTC	F	ANTIDIABETICS
glucose gel	OTC	F	ANTIDIABETICS
GLUCOSE TAB	OTC	F	ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv)	-	F	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	F	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	F	ANTIDIABETICS
glycerin gel	OTC	F	DERMATOLOGICALS
glycerin liquid	OTC	F	DERMATOLOGICALS
glycerin lotion	OTC	F	DERMATOLOGICALS
GLYCERIN SHAMPOO	OTC	F	DERMATOLOGICALS
glycerin suppository	OTC	F	LAXATIVES
glycopyrrolate tab (ROBINUL equiv)	-	F	ULCER DRUGS

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granisetron tab (KYTRIL equiv) (QL= 9 tab/fill)	QL	F	ANTIEMETICS
GRANIX INJ	MSP	F	HEMATOPOIETIC AGENTS
GRIFULVIN SUSP	-	F	ANTIFUNGALS
griseofulvin micro tab (GRIFULVIN V equiv)	-	F	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	F	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	F	ANTIFUNGALS
guaifen/phenyleph/acetaminophn tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
GUAIFEN/PSEUDOEPHED/ACETAMINOP TAB (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin dm/pseudoephedrine syrup (Covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
GUAIFENESIN DM/PSEUDOEPHEDRINE TAB (Covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin ER tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin liquid (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin syrup (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/acetaminophen tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/codeine liquid (Covered for members 6 years and older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/codeine soln (Covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan cap (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan ER tab (Covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan liquid (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
GUAIFENESIN/DEXTROMETHORPHAN PACK (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dextromethorphan tab (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/dm/pseudoephedrine cap (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/d-methorphan hb/pe syrup (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/ephedrine hcl tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/phenylephrine tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/pseudoephedrine tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/pseudoephedrine hcl cap (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
guaifenesin/pseudoephedrine hcl syrup (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
guanfacine IR tab (TENEX equiv)	-	F	ANTIHYPERTENSIVES
halobetasol propionate cream (ULTRAVATE equiv)	-	F	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	F	DERMATOLOGICALS
HARVONI TAB (QL=1 tab/day. Product is mandated through Acaria Specialty Pharmacy.)	MSP-PA-QL	F	ANTIVIRALS
hc pramoxine cream 1-1% (ANALPRAM HC equiv)	-	F	ANORECTAL AGENTS
HDC DM SYRUP (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
HEMANGEOL SOLN (COVERED FOR MEMBERS AGE 3 YEARS AND UNDER ONLY)	-	F	BETA BLOCKERS
HEXALEN CAP (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIZENTRA INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	PASSIVE IMMUNIZING AGENTS
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	F	OPHTHALMIC AGENTS

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HUMALOG INJ	-	F	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	F	ANTIDIABETICS
HUMALOG MIX INJ	-	F	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ	-	F	ANTIDIABETICS
HUMALOG PEN INJ	-	F	ANTIDIABETICS
HUMIRA INJ (QL= 2 inj/28 days)	MSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ	OTC	F	ANTIDIABETICS
HUMULIN N INJ U-100	OTC	F	ANTIDIABETICS
HUMULIN N PEN INJ	OTC	F	ANTIDIABETICS
HUMULIN PEN INJ 70/30	OTC	F	ANTIDIABETICS
HUMULIN R INJ U-100	OTC	F	ANTIDIABETICS
HUMULIN-R U-100	OTC	F	ANTIDIABETICS
HYCANTIN CAP (Product is mandated through Acaria Specialty Pharmacy.)	PA-SPF	F	ANTINEOPLASTICS
hydralazine tab	-	F	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	F	DIURETICS
hydrochlorothiazide tab	-	F	DIURETICS
hydrocodone/acetaminophen soln (ZOLVIT SOLN equiv)	-	F	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	F	ANALGESICS - OPIOID
hydrocodone/homatropine syrup (HYCODAN equiv)	-	F	COUGH/COLD/ALLERGY
hydrocortisone ac cream	OTC	F	DERMATOLOGICALS
HYDROCORTISONE AC OINT	OTC	F	DERMATOLOGICALS
hydrocortisone aloe cream	OTC	F	DERMATOLOGICALS
HYDROCORTISONE ALOE OINT	OTC	F	DERMATOLOGICALS
hydrocortisone butyrate cream (LOCOID equiv)	-	F	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	F	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	F	DERMATOLOGICALS
hydrocortisone cream	OTC	F	DERMATOLOGICALS
hydrocortisone enema	-	F	ANORECTAL AGENTS
hydrocortisone gel	OTC	F	DERMATOLOGICALS
hydrocortisone lotion	OTC	F	DERMATOLOGICALS
hydrocortisone oint	OTC	F	DERMATOLOGICALS
hydrocortisone tab (CORTEF equiv)	-	F	CORTICOSTEROIDS
hydrocortisone topical soln.	OTC	F	DERMATOLOGICALS
hydrocortisone valerate cream	-	F	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	F	DERMATOLOGICALS
HYDROGEN PEROXIDE SOLN.	OTC	F	ANTISEPTICS & DISINFECTANTS
HYDROMORPHONE SUPP	-	F	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	F	ANALGESICS - OPIOID
hydroxychloroquine tab (PLAQUENIL equiv)	-	F	ANTIMALARIALS
hydroxyurea cap (HYDREA equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	F	ANTIANSIETY AGENTS
hydroxyzine syrup	-	F	ANTIANSIETY AGENTS
hydroxyzine tab	-	F	ANTIANSIETY AGENTS
hyoscyamine sulfate CR tab (LEVVID equiv)	-	F	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	F	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	F	ULCER DRUGS
HYSINGLA ER TAB (QL= 1 tab/day)	PA-QL	F	ANALGESICS - OPIOID
ibuprofen cap	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen chew tab	OTC	F	ANALGESICS - ANTI-INFLAMMATORY

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ibuprofen susp (Rx ONLY)	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	OTC	F	ANALGESICS - ANTI-INFLAMMATORY
ICLUSIG TAB 15MG (QL = 3 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ICLUSIG TAB 45MG (QL = 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ILEVRO OPHTH SUSP	-	F	OPHTHALMIC AGENTS
imipramine tab (TOFRANIL equiv)	-	F	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	F	DERMATOLOGICALS
INCRELEX INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab	-	F	DIURETICS
INDOCIN SUPP	-	F	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	F	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap	-	F	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
INFANT FORMULA LIQUID	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INFANT FORMULA POWDER	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INFERGEN INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	ANTIVIRALS
INLYTA TAB (QL = 8 tab/day; Product is mandated through Acaria Specialty Pharmacy)	PA-QL-SF-SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTRON-A INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTRON-A KIT (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ipratropium nasal spray (ATROVENT equiv)	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO TAB equiv)	-	F	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE TAB equiv)	-	F	ANTIHYPERTENSIVES
IRESSA TAB (Only available through Iressa Access Program 800-601-8933)	LD	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
isonarif cap (RIFAMATE equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
ISONIAZID SYRUP	-	F	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	F	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	F	OPHTHALMIC AGENTS
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	F	OPHTHALMIC AGENTS
ISOPTO HYOSCINE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
isosorbide dinitrate ER tab	-	F	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	F	ANTIANGINAL AGENTS
isosorbide dinitrate tab	-	F	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	F	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	F	ANTIANGINAL AGENTS
isradipine cap	-	F	CALCIUM CHANNEL BLOCKERS
itraconazole cap (SPORANOX equiv)	PA	F	ANTIFUNGALS
IV PREP WIPES	OTC	F	ANTISEPTICS & DISINFECTANTS
ivermectin tab (STROMECTOL TAB equiv)	-	F	ANTHELMINTICS
JADENU TAB	MSP	F	ANTIDOTES
JAKAFI TAB (QL=2 tabs/day)	MSP-PA-QL	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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JALYN CAP	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
JANUMET TAB	-	F	ANTIDIABETICS
JANUMET XR TAB	-	F	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
JARDIANCE TAB (QL=1 tab/day)	QL	F	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	F	ESTROGENS
jolessa tab/ amethia tab (SEASONALE/SEASONIQUE equiv)	-	F	CONTRACEPTIVES
junel FE tab (LOESTRIN FE equiv)	-	F	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	F	CONTRACEPTIVES
JUVISYNC TAB	-	F	ANTIDIABETICS
KALYDECO PAK (QL=2 packets/day)	PA-QL-SP	F	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL=2 tab/day)	MSP-PA-QL	F	RESPIRATORY AGENTS - MISC.
kariva tab (MIRCETTE equiv)	-	F	CONTRACEPTIVES
kelnor tab (DEMULEN equiv)	-	F	CONTRACEPTIVES
ketoconazole cream (NIZORAL CREAM equiv)	-	F	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	F	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	F	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	F	DIAGNOSTIC PRODUCTS
ketoprofen cap	-	F	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR/ACULAR LS equiv)	-	F	OPHTHALMIC AGENTS
ketorolac tab (QL= 5 days treatment (20 tabs/5 days))	QL	F	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	F	DIAGNOSTIC PRODUCTS
ketotifen ophth soln	OTC	F	OPHTHALMIC AGENTS
KINERET INJ (QL= 28 inj/28 days; Product is mandated through Acaria Specialty Pharmacy.)	PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
KLOR-CON M15 TAB	-	F	MINERALS & ELECTROLYTES
KOMBIGLYZE XR TAB	-	F	ANTIDIABETICS
KONSYL POWDER	OTC	F	LAXATIVES
KONSYL POWDER PACKET	OTC	F	LAXATIVES
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	F	ANTIDIABETICS
KOVIA OINT	-	F	DERMATOLOGICALS
K-PHOS TAB	-	F	MINERALS & ELECTROLYTES
KUVAN POWDER PACK	PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	MSP-PA	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
labetalol tab (NORMODYNE equiv)	-	F	BETA BLOCKERS
LACRISERT OPHTH INSERT	-	F	OPHTHALMIC AGENTS
lactulose soln	-	F	LAXATIVES
lamotrigine chew tab (LAMICTAL CHEW equiv)	-	F	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	F	ANTICONVULSANTS
LANCET KIT	OTC	F	MEDICAL DEVICES
LANCETS	OTC	F	MEDICAL DEVICES
lansoprazole DR cap 15mg (QL = 56 unit/30 day)	OTC-QL	F	ULCER DRUGS
LANTUS INJ	-	F	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	F	ANTIDIABETICS
latanoprost ophth soln (XALATAN OPHTH SOLN equiv) (QL= 2.5ml/ 30 days)	QL	F	OPHTHALMIC AGENTS
leflunomide tab (ARAVA equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
letrozole tab (FEMARA equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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OTC	Infertility	PA	Limited Distribution	QL	Mandatory Specialty Pharmacy Program
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	SPF	Limited to two 15 day fills per month for first 3 months	ST	Smoking Cessation
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	Vaccine Program				

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leucovorin tab	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	HEMATOPOIETIC AGENTS
levetiracetam soln (KEPPRA ORAL SOLN equiv)	-	F	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	F	ANTICONVULSANTS
levobunolol ophth soln (BETAGAN equiv)	-	F	OPHTHALMIC AGENTS
levocarnitine cap	OTC	F	NUTRIENTS
levocarnitine soln (CARNITOR equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab	--OTC	F	NUTRIENTS
levofloxacin ophth soln (QUIXIN equiv)	-	F	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	F	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	F	FLUOROQUINOLONES
levonorgestrel tab (PLAN-B equiv)	OTC	F	CONTRACEPTIVES
LEVONORGESTREL TAB 0.75MG	-	F	CONTRACEPTIVES
LEVORPHANOL TAB	-	F	ANALGESICS - OPIOID
levothyroxine tab (SYNTHROID equiv)	-	F	THYROID AGENTS
LICE B GONE SHAMPOO	OTC	F	DERMATOLOGICALS
lidocaine cream (LIDAMANTLE equiv)	-	F	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	F	DERMATOLOGICALS
lidocaine oint	-	F	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	F	DERMATOLOGICALS
lidocaine viscous soln	-	F	MOUTH/THROAT/DENTAL AGENTS
lidocaine/ hydrocortisone cream	-	F	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	F	DERMATOLOGICALS
linezolid tab	PA	F	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL = 1 cap/day)	QL	F	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	F	THYROID AGENTS
lisinopril tab (PRINIVIL equiv)	-	F	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	F	ANTIHYPERTENSIVES
LOHIST-D LIQUID (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
LOMUSTINE CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap	OTC	F	ANTIDIARRHEALS
loperamide liquid	OTC	F	ANTIDIARRHEALS
loperamide tab	OTC	F	ANTIDIARRHEALS
loratadine ODT (QL = 1 tab/day)	OTC-QL	F	ANTIHISTAMINES
loratadine syrup (QL = 240ml/30 day; Covered for members age 2 through 5 years)	OTC-QL	F	ANTIHISTAMINES
loratadine tab (CLARITIN equiv) (QL = 1 tab/day; Covered for members 2 years and older)	OTC-QL	F	ANTIHISTAMINES
loratadine/pseudoephedrine 12-hour tab (QL = 2 tab/day)	OTC-QL	F	COUGH/COLD/ALLERGY
loratadine/pseudoephedrine 24-hour tab (QL = 1 tab/day)	OTC-QL	F	COUGH/COLD/ALLERGY
lorazepam conc	-	F	ANTIANSIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	F	ANTIANSIETY AGENTS
losartan tab (COZAAR equiv)	-	F	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	F	ANTIHYPERTENSIVES
lovastatin tab (MEVACOR equiv)	-	F	ANTIHYPERLIPIDEMICS
lubricating jelly	OTC	F	DERMATOLOGICALS
LYRICA CAP	PA	F	ANTICONVULSANTS
LYRICA SOLN	PA	F	ANTICONVULSANTS

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	Vaccine Program				

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Drug Name	Special Code	Tier	Category
LYSODREN TAB	SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
magnesium citrate soln.	OTC	F	LAXATIVES
magnesium hydroxide susp.	OTC	F	LAXATIVES
magnesium oxide tab	OTC	F	ANTACIDS
MAGNESIUM/ALUMINUM HYDROXIDE CHEW	OTC	F	ANTACIDS
magnesium/aluminum hydroxide/simethicone chew tab	OTC	F	ANTACIDS
MAGNESIUM/ALUMINUM HYDROXIDE/SIMETHICONE SUSP	OTC	F	ANTACIDS
MALARONE TAB	-	F	ANTIMALARIALS
maldemar tab (SCOPACE equiv)	-	F	ANTIEMETICS
MALE CONDOMS	OTC	F	MEDICAL DEVICES
MAPROTILINE TAB	-	F	ANTIDEPRESSANTS
MATULANE CAP	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
matzim LA tab (CARDIZEM LA equiv)	-	F	CALCIUM CHANNEL BLOCKERS
MAXIDEX OPHTH SOLN	-	F	OPHTHALMIC AGENTS
meclizine chew tab	OTC	F	ANTIEMETICS
meclizine tab	OTC	F	ANTIEMETICS
MECLOFENAMATE CAP	-	F	ANALGESICS - ANTI-INFLAMMATORY
MEDI-GRAINE TAB	OTC	F	COUGH/COLD/ALLERGY
medroxyprogesterone tab (PROVERA equiv)	-	F	PROGESTINS
mefloquine tab (LARIAM equiv)	-	F	ANTIMALARIALS
megestrol susp (MEGACE equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam tab (MOBIC equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
memantine tab	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meperidine tab (DEMEROL equiv)	-	F	ANALGESICS - OPIOID
MEPHYTON TAB	-	F	VITAMINS
meprobamate tab	-	F	ANTI-ANXIETY AGENTS
mercaptapurine tab (PURINETHOL equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesalamine enema (ROWASA equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METAPROTERENOL SYRUP	-	F	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
metformin ER tab (GLUCOPHAGE XR equiv)	-	F	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	F	ANTIDIABETICS
METHADONE SOLN	-	F	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	F	ANALGESICS - OPIOID
methadose tab	-	F	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	F	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	F	URINARY ANTI-INFECTIVES
methenamine mandelate tab	-	F	URINARY ANTI-INFECTIVES
methimazole tab (TAPAZOLE equiv)	-	F	THYROID AGENTS
methocarbamol tab (ROBAXIN equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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methotrexate tab	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methoxsalen cap (OXSORALEN ULTRA equiv)	-	F	DERMATOLOGICALS
METHYLCLOTHIAZIDE TAB	-	F	DIURETICS
methyldopa tab	-	F	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab	-	F	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL = 28 tab/fill; 1 fill/365 days)	QL	F	OXYTOCICS
methylin ER tab (RITALIN SR equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
methylphenidate CD cap (METADATE CD CAP equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
methylphenidate ER cap (RITALIN LA CAP equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
METHYLPHENIDATE ER/CONCERTA TAB	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
methylphenidate soln (METHYLIN SOLN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
methylphenidate tab (RITALIN equiv)	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
methylprednisolone dose pack (MEDROL DOSE PACK equiv)	-	F	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	F	CORTICOSTEROIDS
METIPRANOLOL OPHTH SOLN	-	F	OPHTHALMIC AGENTS
metoclopramide soln	-	F	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	F	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	F	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	F	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	F	ANTIHYPERTENSIVES
metronidazole cap (FLAGYL equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	F	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	F	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	F	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL VAGINAL GEL equiv)	-	F	VAGINAL PRODUCTS
mexiletine cap	-	F	ANTIARRHYTHMICS
MIACALCIN INJ	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
MICONAZOLE 3 SUPP 200MG	OTC	F	VAGINAL PRODUCTS
miconazole cream	OTC	F	DERMATOLOGICALS
miconazole nitrate aerosol	OTC	F	DERMATOLOGICALS
miconazole nitrate powder	OTC	F	DERMATOLOGICALS
miconazole oint.	OTC	F	DERMATOLOGICALS
miconazole vaginal cream	OTC	F	VAGINAL PRODUCTS
miconazole vaginal kit	OTC	F	VAGINAL PRODUCTS
midodrine tab (PROAMATINE equiv)	-	F	VASOPRESSORS
MIGERGOT SUPP	-	F	MIGRAINE PRODUCTS
MILK OF MAGNESIA CHEW TAB	OTC	F	LAXATIVES
mineral oil	OTC-QL	F	DERMATOLOGICALS
mineral oil enema	OTC	F	LAXATIVES
MINERAL OIL LIGHT	OTC	F	LAXATIVES
mineral oil/petrolatum cream	OTC	F	DERMATOLOGICALS
mineral oil/petrolatum lotion	OTC	F	DERMATOLOGICALS
mineral oil/petrolatum oint	OTC	F	DERMATOLOGICALS

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minocycline cap (MINOCIN equiv)	-	F	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	F	TETRACYCLINES
minoxidil tab	-	F	ANTIHYPERTENSIVES
mirtazapine ODT (REMERON SOLUTAB equiv)	-	F	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	F	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	-	F	ULCER DRUGS
modafinil tab (PROVIGIL TAB equiv) (QL = 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS
moexipril tab (UNIVASC equiv)	-	F	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	F	ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv)	-	F	DERMATOLOGICALS
mometasone oint (ELOCON equiv)	-	F	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	F	DERMATOLOGICALS
mononessa tab (ORTHO-CYCLEN equiv)	-	F	CONTRACEPTIVES
montelukast chew tab (SINGULAIR CHEW TAB equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR GRANULES equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
morphine sulfate ER tab (MS CONTIN equiv)	-	F	ANALGESICS - OPIOID
morphine sulfate soln	-	F	ANALGESICS - OPIOID
morphine sulfate supp	-	F	ANALGESICS - OPIOID
morphine sulfate tab	-	F	ANALGESICS - OPIOID
MOVIPREP SOLN (QL= 1 bottle/fill)	QL	F	LAXATIVES
MOXEZA OPHTH SOLN/ VIGAMOX OPHTH SOLN	-	F	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	F	FLUOROQUINOLONES
MULTAQ TAB	-	F	ANTIARRHYTHMICS
multigen folic tab (CHROMAGEN FA equiv)	-	F	HEMATOPOIETIC AGENTS
multigen plus tab (CHROMAGEN FORTE equiv)	-	F	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	F	HEMATOPOIETIC AGENTS
multiple vitamin liquid	OTC	F	MULTIVITAMINS
multiple vitamin tab	OTC	F	MULTIVITAMINS
multiple vitamins w/ minerals tab	-	F	MULTIVITAMINS
multivitamin w/ iron chew tab	OTC	F	MULTIVITAMINS
multivitamin w/ iron tab	OTC	F	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	F	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	F	DERMATOLOGICALS
mycophenolate cap (CELLCEPT equiv)	SP	F	ASSORTED CLASSES
mycophenolate DR tab (MYFORTIC equiv)	-	F	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	SP	F	ASSORTED CLASSES
mycophenolate tab (CELLCEPT equiv)	SP	F	ASSORTED CLASSES
MYLERAN TAB	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nabumetone tab	-	F	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	F	BETA BLOCKERS
naftifine cream 1% (NAFTIN equiv)	-	F	DERMATOLOGICALS
NAFTIN CREAM 2%	-	F	DERMATOLOGICALS
NAFTIN GEL	-	F	DERMATOLOGICALS
NAMENDA XR CAP (QL= 1 cap/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPHAZOLINE OPHTH SOLN.	-	F	OPHTHALMIC AGENTS
naphazoline/pheniramine ophth drops	OTC	F	OPHTHALMIC AGENTS

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naproxen EC tab (NAPROSYN EC equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	F	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
NASACORT NASAL SPRAY (OTC) (QL= 2 bottles/fill)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASAL MOIST GEL	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
NEBUPENT NEB SOLN	MSP	F	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN 6%	-	F	COUGH/COLD/ALLERGY
necon tab (ORTHO-NOVUM equiv)	-	F	CONTRACEPTIVES
necon tab 1/50	-	F	CONTRACEPTIVES
NEFAZODONE TAB	-	F	ANTIDEPRESSANTS
nefazodone tab 250mg (SERZONE equiv)	-	F	ANTIDEPRESSANTS
neomycin tab	-	F	AMINOGLYCOSIDES
neomycin/ polymyxin b/ gramicidin ophth soln (NEOSPORIN OPHTH equiv)	-	F	OPHTHALMIC AGENTS
neomycin/ polymyxin/ dexamethasone ophth oint (MAXITROL equiv)	-	F	OPHTHALMIC AGENTS
neomycin/ polymyxin/ dexamethasone ophth soln (MAXITROL equiv)	-	F	OPHTHALMIC AGENTS
neomycin/ polymyxin/ hydrocortisone ophth soln (CORTISPORIN equiv)	-	F	OPHTHALMIC AGENTS
neomycin/bacitracin/polymyxin b oint	OTC	F	DERMATOLOGICALS
neomycin/bacitracin/polymyxin b/pramoxine oint	OTC	F	DERMATOLOGICALS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	F	OTIC AGENTS
neomycin/polymyxin b/pramoxine cream	OTC	F	DERMATOLOGICALS
NEOTUSS PLUS LIQUID	OTC	F	COUGH/COLD/ALLERGY
NEPHRON FA TAB	-	F	HEMATOPOIETIC AGENTS
NEULASTA INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	HEMATOPOIETIC AGENTS
NEUMEGA INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	F	ANTIPARKINSON AGENTS
NEVANAC OPHTH SUSP	-	F	OPHTHALMIC AGENTS
NEXAVAR TAB	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
niacin cap	OTC	F	VITAMINS
niacin CR tab	OTC	F	VITAMINS
niacin ER tab (NIASPAN equiv)	-	F	ANTHYPERLIPIDEMICS
niacin tab	OTC	F	VITAMINS
NIACIN TR TAB (SLO-NIACIN equiv)	OTC	F	VITAMINS
niacinamide tab	OTC	F	VITAMINS
nicardipine cap	-	F	CALCIUM CHANNEL BLOCKERS
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT LOZENGE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM CQ equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	F	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	F	CALCIUM CHANNEL BLOCKERS
NIFEREX-150 FORTE CAP	-	F	HEMATOPOIETIC AGENTS
NILANDRON TAB	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	F	CALCIUM CHANNEL BLOCKERS

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OTC	Infertility	PA	Limited Distribution	QL	Mandatory Specialty Pharmacy Program
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	SPF	Limited to two 15 day fills per month for first 3 months	ST	Smoking Cessation
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	Vaccine Program				

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Drug Name	Special Code	Tier	Category
nitrofurantoin macrocrystals cap (MACROBID equiv)	-	F	URINARY ANTI-INFECTIVES
nitrofurantoin monohydrate cap (MACROBID equiv)	-	F	URINARY ANTI-INFECTIVES
nitrofurantoin susp (FURADANTIN equiv)	-	F	URINARY ANTI-INFECTIVES
nitroglycerin patch (NITRO-DUR equiv)	-	F	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	F	ANTIANGINAL AGENTS
nizatidine cap (AXID equiv)	-	F	ULCER DRUGS
nora-be tab (NORA-QD equiv)	-	F	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	F	PROGESTINS
NORPACE CR CAP	-	F	ANTIARRHYTHMICS
nortriptyline cap (PAMELOR equiv)	-	F	ANTIDEPRESSANTS
NORTRIPTYLINE SOLN	-	F	ANTIDEPRESSANTS
NOXAFIL SUSP	-	F	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID equiv)	-	F	THYROID AGENTS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	F	ANALGESICS - OPIOID
NUCYNTA TAB	-	F	ANALGESICS - OPIOID
NUDEXTA CAP (QL = 2 cap/day)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	F	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUVARING	-	F	CONTRACEPTIVES
nystatin cream (MYCOSTATIN CREAM equiv)	-	F	DERMATOLOGICALS
nystatin oint	-	F	DERMATOLOGICALS
nystatin powder	-	F	ANTIFUNGALS
nystatin susp	-	F	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	F	ANTIFUNGALS
nystatin topical powder	-	F	DERMATOLOGICALS
NYSTATIN VAGINAL TAB	-	F	VAGINAL PRODUCTS
nystatin/triamcinolone cream	-	F	DERMATOLOGICALS
nystatin/triamcinolone oint	-	F	DERMATOLOGICALS
octreotide inj (SANDOSTATIN equiv) (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	F	OPHTHALMIC AGENTS
ofloxacin otic soln	-	F	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	F	FLUOROQUINOLONES
OFLOXACIN TAB 400MG	-	F	FLUOROQUINOLONES
omedia otic soln	-	F	OTIC AGENTS
omega-3 fatty acid cap (FISH OIL equiv)	OTC	F	NUTRIENTS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	F	ANTIHYPERTENSIVES
omeprazole cap	OTC	F	ULCER DRUGS
omeprazole DR cap 10mg (PRILOSEC equiv)	-	F	ULCER DRUGS
omeprazole DR cap 20mg (PRILOSEC equiv)	-	F	ULCER DRUGS
omeprazole DR cap 40mg (PRILOSEC equiv)	-	F	ULCER DRUGS
ondansetron ODT (ZOFTRAN ODT equiv)	-	F	ANTIEMETICS
ondansetron soln (ZOFTRAN ORAL SOLN equiv)	-	F	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	F	ANTIEMETICS
ONFI TAB	PA	F	ANTICONVULSANTS
ONGLYZA TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
OPSUMIT TAB	PA	F	CARDIOVASCULAR AGENTS - MISC.
ORACIT SOLN	-	F	GENITOURINARY AGENTS - MISCELLANEOUS

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Drug Name	Special Code	Tier	Category
ORENCIA SC INJ (QL= 4 inj/28 days)	MSP-PA-QL	F	ANALGESICS - ANTI-INFLAMMATORY
orphenadrine citrate ER tab	-	F	MUSCULOSKELETAL THERAPY AGENTS
ORTHO TRI-CYCLEN LO TAB	-	F	CONTRACEPTIVES
oxandrolone tab (OXANDRIN equiv)	-	F	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap	-	F	ANTI-ANXIETY AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	F	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	F	ANTICONVULSANTS
OXISTAT CREAM	-	F	DERMATOLOGICALS
OXISTAT LOTION	-	F	DERMATOLOGICALS
oxybutynin ER tab (DITROPAN XL equiv)	-	F	URINARY ANTISPASMODICS
oxybutynin syrup	-	F	URINARY ANTISPASMODICS
oxybutynin tab	-	F	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	F	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	F	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	F	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	F	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	F	ANALGESICS - OPIOID
oxycodone/aspirin tab (PERCODAN equiv)	-	F	ANALGESICS - OPIOID
OXYCONTIN CR TAB (QL = 120 tab/30 days)	PA-QL	F	ANALGESICS - OPIOID
OXYIR CAP	-	F	ANALGESICS - OPIOID
oxymetazolin spray (Only covered for members 4 years and older)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pantoprazole EC tab (PROTONIX equiv)	-	F	ULCER DRUGS
papain-urea oint (ACCUZYME OINT equiv)	-	F	DERMATOLOGICALS
parcaine ophth soln (ALCAINE equiv)	-	F	OPHTHALMIC AGENTS
paricalcitol cap (ZEMPLAR equiv) (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	F	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	F	ANTIDEPRESSANTS
PATADAY OPHTH SOLN (QL= 2.5ml/30 days)	QL	F	OPHTHALMIC AGENTS
PATANASE NASAL SPRAY	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pe/acetamin/diphenhydramin/cpm tab (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F	COUGH/COLD/ALLERGY
PEAK FLOW METER	OTC	F	MEDICAL DEVICES
pediatric electrolyte soln.	OTC	F	MINERALS & ELECTROLYTES
PEDIATRIC MASK	OTC	F	MEDICAL DEVICES
pediatric multiple vitamins/fluoride chew tab	-	F	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	F	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	F	MULTIVITAMINS
pediatric multivitamin adc drops	OTC	F	MULTIVITAMINS
PEDIATRIC MULTIVITAMIN CHEW TAB	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ iron chew tab	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ iron drops	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ minerals gummy	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ vitamin c soln.	OTC	F	MULTIVITAMINS
pediatric multivitamin w/ vitamin c w/ iron chew tab	OTC	F	MULTIVITAMINS
peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv)	-	F	LAXATIVES
PEGANONE TAB	-	F	ANTICONVULSANTS
PEGASYS INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	ANTIVIRALS
PEGASYS INJ KIT (Product is mandated through Acaria Specialty Pharmacy.)	MSP-ST	F	ANTIVIRALS
penicillin vk soln	-	F	PENICILLINS

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penicillin vk tab	-	F	PENICILLINS
pentazocine/acetaminophen tab (TALACEN equiv)	-	F	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.
perindopril tab (ACEON equiv)	-	F	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	F	DERMATOLOGICALS
permethrin liquid	OTC	F	DERMATOLOGICALS
permethrin lotion	OTC	F	DERMATOLOGICALS
permethrin spray	OTC	F	DERMATOLOGICALS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERRY PRENATAL VITAMIN	OTC	F	MULTIVITAMINS
petrolatum oint	OTC	F	DERMATOLOGICALS
PETROLATUM/LANOLIN/ZINC OXIDE/MINERAL OIL OINT.	OTC	F	DERMATOLOGICALS
phenazopyridine tab (PYRIDIUM equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
pheniramine/phenylephrine/acetaminophen packet (Only covered for members 19 years and younger)	OTC	F	COUGH/COLD/ALLERGY
phenobarbital elixir	-	F	HYPNOTICS
phenobarbital tab	-	F	HYPNOTICS
phentermine cap (ADIPEX equiv) (QL = 1 cap/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
phentermine tab (ADIPEX equiv) (QL = 1 tab/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
phenylphrine/brompheniramine chew liquid (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
phenylphrine/brompheniramine elixir (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
PHENYLDPHRINE/BROMPHENIRAMINE TAB (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
PHENYLEPH/ACETAMIN/DEXBROMPHENIRAMINE TAB (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F	COUGH/COLD/ALLERGY
PHENYLEPHRINE DROPS (Only covered for members 4 years and older)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
phenylephrine nasal drops (Only covered for members 4 years and older)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
phenylephrine ophth soln (MYFRIN OPHTH SOLN. equiv)	-	F	OPHTHALMIC AGENTS
phenylephrine tab (Only covered for members 4 years and older)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
phenylephrine/acetamin/doxylamine cap (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/acetaminophen cap (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/acetaminophen pack (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/acetaminophen tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/chlorpheniramine liquid (Only covered for members 2 years and older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/chlorpheniramine tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/diphenhydramine liquid (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/diphenhydramine solution (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/diphenhydramine tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
phenylephrine/dm/acetaminop/gg liquid (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY

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Drug Name	Special Code	Tier	Category
phenylephrine/dm/acetaminop/gg tab (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
PHENYLTOLOXAMINE-ACETAMINOPHEN TAB (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	ANALGESICS - NONNARCOTIC
PHENYTEK CAP	-	F	ANTICONSULTANTS
phenytoin cap (DILANTIN CAP equiv)	-	F	ANTICONSULTANTS
phenytoin chew tab (DILANTIN INFATABS equiv)	-	F	ANTICONSULTANTS
phenytoin susp (DILANTIN equiv)	-	F	ANTICONSULTANTS
PHOSLYRA SOLN	-	F	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	F	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	F	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
pindolol tab	-	F	BETA BLOCKERS
pioglitazone tab (ACTOS TAB equiv)	-	F	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT TAB equiv)	-	F	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	F	ANTIDIABETICS
piperonyl butox/pyrethrins/permethrin kit	OTC	F	DERMATOLOGICALS
piperonyl butoxide/pyrethrins liquid	OTC	F	DERMATOLOGICALS
piperonyl butoxide/pyrethrins shampoo	OTC	F	DERMATOLOGICALS
piroxicam cap (FELDENE equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
PLAN B TAB	OTC	F	CONTRACEPTIVES
podofilox soln (CONDYLOX equiv)	-	F	DERMATOLOGICALS
polyethylene glycol 3350 powder	OTC	F	LAXATIVES
polyethylene glycol packet	OTC	F	LAXATIVES
polymyxin b/ trimethoprim ophth soln (POLYTRIM equiv)	-	F	OPHTHALMIC AGENTS
potassium bicarbonate effer tab	-	F	MINERALS & ELECTROLYTES
potassium chloride effer tab	-	F	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K CAP equiv)	-	F	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE ER TAB	-	F	MINERALS & ELECTROLYTES
potassium chloride liquid	-	F	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR CAP equiv)	-	F	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	F	MINERALS & ELECTROLYTES
potassium citrate tab CR (UROKIT-K TAB equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
POTIGA TAB (QL= 3 tab/ day)	QL	F	ANTICONSULTANTS
POVIDONE-IODINE SOLN	OTC	F	ANTISEPTICS & DISINFECTANTS
povidone-iodine soln.	OTC	F	ANTISEPTICS & DISINFECTANTS
PRADAXA CAP	-	F	ANTICOAGULANTS
pramipexole tab (MIRAPEX TAB equiv)	-	F	ANTIPARKINSON AGENTS
PRAMOSONE CREAM	-	F	DERMATOLOGICALS
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	F	ANORECTAL AGENTS
PRASCION RA CREAM	-	F	DERMATOLOGICALS
pravastatin tab (PRAVACHOL equiv)	-	F	ANTHYPERLIPIDEMICS
prazosin cap (MINIPRESS equiv)	-	F	ANTHYPERTENSIVES
PRECISION XTRA METER	OTC	F	MEDICAL DEVICES
PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F	DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN	-	F	OPHTHALMIC AGENTS

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PRED-G OPHTH SOLN	-	F	OPHTHALMIC AGENTS
prednicarbate cream (DERMATOP equiv)	-	F	DERMATOLOGICALS
prednicarbate oint (DERMATOP equiv)	-	F	DERMATOLOGICALS
prednisolone ODT (ORAPRED ODT equiv)	-	F	CORTICOSTEROIDS
prednisolone ophth soln (PRED FORTE equiv)	-	F	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	F	OPHTHALMIC AGENTS
prednisolone soln (PEDIAPRED equiv)	-	F	CORTICOSTEROIDS
prednisolone syrup (PRELONE equiv)	-	F	CORTICOSTEROIDS
PREDNISON PAK	-	F	CORTICOSTEROIDS
PREDNISON SOLN	-	F	CORTICOSTEROIDS
PREDNISON TAB	-	F	CORTICOSTEROIDS
PREMARIN TAB	-	F	ESTROGENS
PREMARIN VAGINAL CREAM	-	F	VAGINAL PRODUCTS
PREMPHASE TAB/ PREMPRO TAB	-	F	ESTROGENS
PRENATAL VITAMINS (PRENATAL PLUS/ PREPLUS/ RENAPLUS)	OTC	F	MULTIVITAMINS
PREVACID DR CAP OTC (QL = 56 cap/30 day; Step Therapy requires trial of lansoprazole and pantoprazole)	OTC-QL-ST	F	ULCER DRUGS
PREVIDENT 5000 PLUS CREAM	-	F	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT RINSE	-	F	MOUTH/THROAT/DENTAL AGENTS
PRIMAQUINE TAB	-	F	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	F	ANTICONVULSANTS
probenecid tab	-	F	GOUT AGENTS
PROCHIEVE GEL	PA	F	VAGINAL PRODUCTS
prochlorperazine supp	-	F	ANTIEMETICS/ANTIMANIC AGENTS
prochlorperazine tab	-	F	ANTIEMETICS/ANTIMANIC AGENTS
PROCRIT INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	F	ANORECTAL AGENTS
proctosol cream (ANUSOL HC equiv)	-	F	ANORECTAL AGENTS
progesterone cap (PROMETRIUM CAP equiv)	-	F	PROGESTINS
PROLEUKIN INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PROMACTA TAB	MSP-PA	F	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	F	COUGH/COLD/ALLERGY
promethazine supp	-	F	ANTIHISTAMINES
promethazine syrup	-	F	ANTIHISTAMINES
promethazine tab	-	F	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	F	COUGH/COLD/ALLERGY
promethazine VC w/codeine syrup (PHENERGAN VC W/CODIENE equiv)	-	F	COUGH/COLD/ALLERGY
promethazine w/codeine syrup (PHENERGAN W/CODIENE equiv)	-	F	COUGH/COLD/ALLERGY
propafenone ER cap (RHYTHMOL SR equiv)	-	F	ANTIARRHYTHMICS
propafenone tab (RHYTHMOL equiv)	-	F	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	F	ULCER DRUGS
propranolol ER cap (INDERAL LA equiv)	-	F	BETA BLOCKERS
PROPRANOLOL SOLN	-	F	BETA BLOCKERS
propranolol tab	-	F	BETA BLOCKERS
propranolol/hydrochlorothiazide tab	-	F	ANTIHYPERTENSIVES
propylthiouracil tab	-	F	THYROID AGENTS
PROSTIGMIN TAB	-	F	ANTIMYASTHENIC AGENTS
PSEUDOEPH/DM/GUAIFEN/ACETAMIN PACKET (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY

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pseudoeph/dm/guaifen/acetamin tab (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
pseudoephed/acetaminoph/diphenhydramine tab (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine ER tab (QL = 2 tab/day; Covered for members 4 years and older)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine syrup (QL = 1200ml/30 day; Covered for members 4 years and older)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 30mg (QL = 8 tab/day; Covered for members 2 years and older)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 60mg (QL = 4 tab/day; Covered for members 2 years and older)	QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine/acetaminophen tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/brompheniramine liquid (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/CHLORPHENIRAMINE CHEW TAB (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/chlorpheniramine syrup (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/chlorpheniramine tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/CODEINE/CHLORPHENIRAMINE LIQUID (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/dexbrompheniramine er tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/DIPHENHYDRAMINE TAB (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
PSEUDOEPHEDRINE/IBUPROFEN CAP (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/ibuprofen susp. (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/ibuprofen tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/naproxen tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
pseudoephedrine/triprolidine tab (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
psyllium cap (METAMUCIL equiv)	OTC	F	LAXATIVES
psyllium powder (METAMUCIL equiv)	OTC	F	LAXATIVES
PULMICORT FLEXHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMICORT INH SUSP 1MG/2ML	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	RESPIRATORY AGENTS - MISC.
pyrazinamide tab	-	F	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab	-	F	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	F	ANTIMYASTHENIC AGENTS
pyridoxine er tab	OTC	F	VITAMINS
pyridoxine tab	OTC	F	VITAMINS
PYRILAMINE/PE/DEXTROMETHORPHAN LIQUID (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
QNASL NASAL SPRAY	-	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
QSYMIA CAP (QL = 1 cap/day)	PA-QL	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
QUILLIVANT XR SUSP.	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	F	ANTIHYPERTENSIVES

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RS =Restricted to Specialist	SPF =First Fill available at Retail Pharmacy	ST =Step Therapy
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quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	F	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	F	ANTIARRHYTHMICS
quinidine sulfate tab	-	F	ANTIARRHYTHMICS
rabeprazole EC tab (ACIPHEX TAB equiv)	-	F	ULCER DRUGS
raloxifene tab (EVISTA equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	-	F	ANTIHYPERTENSIVES
RANEXA TAB	-	F	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	F	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	F	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	F	ULCER DRUGS
ranitidine tab 75mg	OTC	F	ULCER DRUGS
RAPAFLO CAP (Restricted to Specialist (Urology))	RS	F	GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	SP	F	ASSORTED CLASSES
REBETOL SOLN	MSP	F	ANTIVIRALS
REGRANEX GEL (QL = 2 - 15gm tubes/fill)	QL	F	DERMATOLOGICALS
RELENZA DISKHALER (QL= 20 units/fill)	QL	F	ANTIVIRALS
RELISTOR INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP-PA	F	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT (Product is mandated through Acaria Specialty Pharmacy.)	MSP-PA	F	GASTROINTESTINAL AGENTS - MISC.
RENAGEL TAB	-	F	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	F	MULTIVITAMINS
RENVELA PACKET	-	F	GASTROINTESTINAL AGENTS - MISC.
RENVELA TAB	-	F	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	F	ANTIDIABETICS
RESTASIS OPHTH EMULSION (Restricted to Ophthalmologist or Optometrist)	RS	F	OPHTHALMIC AGENTS
REVLIMID CAP (QL = 1 cap/day)	MSP-PA-QL	F	ASSORTED CLASSES
ribasphere cap (REBETOL equiv) (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	ANTIVIRALS
RIBATAB (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	ANTIVIRALS
ribavirin tab (COPEGUS equiv) (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	ANTIVIRALS
RIDAURA CAP	-	F	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	F	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	-	F	NEUROMUSCULAR AGENTS
rimantadine tab (FLUMADINE equiv)	-	F	ANTIVIRALS
rivastigmine cap (EXELON equiv)	-	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT MLT equiv) (QL= 12 tabs/fill, 3 fills/60 day)	QL	F	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL =12 tabs/fill, 3 fills/60 day)	QL	F	MIGRAINE PRODUCTS
ropinirole tab (REQUIP equiv)	-	F	ANTIPARKINSON AGENTS
ROXICET SOLN 325MG/5ML	-	F	ANALGESICS - OPIOID
SABRIL POWDER PACK (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD	F	ANTICONVULSANTS
SABRIL TAB (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD	F	ANTICONVULSANTS
salicylic acid gel	OTC	F	DERMATOLOGICALS
salicylic acid liquid	OTC	F	DERMATOLOGICALS
salicylic acid pad	OTC	F	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	F	DERMATOLOGICALS
salicylic acid soln	OTC	F	DERMATOLOGICALS

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salicylic acid strip	OTC	F	DERMATOLOGICALS
saline nasal spray	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
salsalate tab	-	F	ANALGESICS - NONNARCOTIC
SANDIMMUNE SOLN 100MG/ML	-	F	ASSORTED CLASSES
SANTYL OINT	-	F	DERMATOLOGICALS
SAVELLA TAB (QL=2 TAB/DAY)	QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SCOT-TUSSIN SOLN. (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
SECONAL CAP	-	F	HYPNOTICS
selegiline cap (ELDEPRYL equiv)	-	F	ANTIPARKINSON AGENTS
selegiline tab	-	F	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	F	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	F	DERMATOLOGICALS
sennosides tab	OTC	F	LAXATIVES
sennosides/docusate sodium tab	OTC	F	LAXATIVES
SENSIPAR TAB (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	F	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
sertraline conc (ZOLOFT equiv)	-	F	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	F	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	F	GASTROINTESTINAL AGENTS - MISC.
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
sildenafil tab (REVATIO TAB equiv)	PA	F	CARDIOVASCULAR AGENTS - MISC.
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	F	DERMATOLOGICALS
SIMBRINZA OPTH SUSP	-	F	OPHTHALMIC AGENTS
SIMCOR TAB	-	F	ANTIHYPERTENSIVES
simethicone cap	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simethicone chew tab	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simethicone drops	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simethicone liquid	OTC	F	GASTROINTESTINAL AGENTS - MISC.
SIMETHICONE STRIPS	OTC	F	GASTROINTESTINAL AGENTS - MISC.
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	F	ANTIHYPERTENSIVES
sirolimus tab (RAPAMUNE equiv)	SP	F	ASSORTED CLASSES
SIVEXTRO TAB (QL=6 tab/fill)	PA-QL	F	ANTI-INFECTIVE AGENTS - MISC.
SKIN CLEANSER	OTC	F	DERMATOLOGICALS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (SEPTRA SUSP equiv)	-	F	ANTI-INFECTIVE AGENTS - MISC.
sodium bicarbonate tab	OTC	F	ANTACIDS
sodium chloride irrigation/decyl glucoside soln	OTC	F	DERMATOLOGICALS
sodium chloride neb soln	-	F	COUGH/COLD/ALLERGY
sodium chloride ophth oint.	OTC	F	OPHTHALMIC AGENTS
sodium chloride ophth soln.	OTC	F	OPHTHALMIC AGENTS
SODIUM CHLORIDE SPRAY	OTC	F	DERMATOLOGICALS
sodium chloride tab	OTC	F	MINERALS & ELECTROLYTES
sodium citrate/citric acid soln (BICITRA equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv)	-	F	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT 5000 PLUS equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT GEL equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT 5000 BOOSTER equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS

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	Vaccine Program				

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sodium fluoride rinse (PREVIDENT ORAL RINSE equiv)	-	F	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE SOLN. equiv)	-	F	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB	-	F	MINERALS & ELECTROLYTES
sodium phenylbutyrate powder (BUPHENYL POWDER equiv)	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phosphate enema	OTC	F	LAXATIVES
sodium phosphate soln.	OTC	F	LAXATIVES
sodium polystyrene powder (KAYEXALATE equiv)	-	F	ASSORTED CLASSES
sodium polystyrene soln (SPS equiv)	-	F	ASSORTED CLASSES
sodium sulfacetamide wash (OVACE WASH equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	F	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	F	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	F	DERMATOLOGICALS
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
SORIATANE CK KIT	-	F	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	F	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	F	BETA BLOCKERS
SOVALDI TAB (QL= 1 tab/day. Product is mandated through Acaria Specialty Pharmacy.)	MSP-PA-QL	F	ANTIVIRALS
SPINOSAD SUSP (QL= 1 bottle/ fill)	QL	F	DERMATOLOGICALS
SPIRIVA HANDIHALER (For use with Handihaler device)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	F	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	F	DIURETICS
SPRYCEL TAB (QL= 1 tab/day; Product is mandated through Acaria Specialty Pharmacy.)	PA-QL-SF-SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPRYCEL TAB 20MG (QL= 3 tab/day; Product is mandated through Acaria Specialty Pharmacy.)	PA-QL-SF-SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI SOLN	-	F	MINERALS & ELECTROLYTES
STIMATE NASAL SOLN	-	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIVARGA TAB (QL = 4 tab/day)	MSP-PA-QL-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
sucralfate tab (CARAFATE equiv)	-	F	ULCER DRUGS
SUDAFED ER TAB (QL = 1 tab/day; Covered for member 4 years and older)	OTC-QL	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	F	OPHTHALMIC AGENTS
sulfacetamide sodium/ prednisolone ophth soln	-	F	OPHTHALMIC AGENTS
SULFADIAZINE TAB	-	F	SULFONAMIDES
SULFAMYLON CREAM	-	F	DERMATOLOGICALS
sulfasalazine EC tab	-	F	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab	-	F	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	F	ANALGESICS - ANTI-INFLAMMATORY
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL=5 injs/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS
SUMATRIPTAN/ IMITREX NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	F	MIGRAINE PRODUCTS

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SUTENT CAP (Product is mandated through Acaria Specialty Pharmacy.)	PA-SF-SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMBICORT INHALER	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYNAREL NASAL SOLN (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	ENDOCRINE AND METABOLIC AGENTS - MISC.
TABLOID TAB	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	F	ASSORTED CLASSES
TAFINLAR CAP (QL = 4 caps/day)	PA-QL-SF-SP	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMIFLU CAP (QL= 10 caps/fill)	QL	F	ANTIVIRALS
TAMIFLU SUSP 12MG/ML (QL= 125ml/fill)	QL	F	ANTIVIRALS
TAMIFLU SUSP 6MG/ML (QL= 250ml/fill)	QL	F	ANTIVIRALS
tamoxifen tab (NOLVADEX equiv)	-	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS
TARCEVA TAB (Product is mandated through Acaria Specialty Pharmacy.)	PA-SF-SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN CAP (Product is mandated through Acaria Specialty Pharmacy.)	PA-SF-SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F	DERMATOLOGICALS
TECFIDERA CAP (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
telmisartan tab (MICARDIS equiv)	-	F	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	F	HYPNOTICS
temazepam cap 30mg (RESTORIL equiv)	-	F	HYPNOTICS
temozolomide cap (TEMODAR equiv) (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	F	ANTIHYPERTENSIVES
terbinafine cream (QL = 1 tube/30 day; Covered for members 12 years and older)	OTC-QL	F	DERMATOLOGICALS
terbinafine tab (LAMISIL equiv)	-	F	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	F	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	F	VAGINAL PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE INJ. equiv)	-	F	ANDROGENS-ANABOLIC
tetrahydrozoline ophth soln.	OTC	F	OPHTHALMIC AGENTS
tetrahydrozoline/zinc sulfate ophth drops	OTC	F	OPHTHALMIC AGENTS
THALOMID CAP (Product is mandated through Acaria Specialty Pharmacy.)	PA-SPF	F	ASSORTED CLASSES
theophylline CR tab	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE ELIXIR	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thiamine tab	OTC	F	VITAMINS
THROAT LOZENGE (Only covered for members 19 years and younger)	OTC	F	MOUTH/THROAT/DENTAL AGENTS
THYROLAR TAB	-	F	THYROID AGENTS
ticlopidine tab (TICLID equiv)	-	F	HEMATOLOGICAL AGENTS - MISC.

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tigabine tab (GABITRIL equiv)	-	F	ANTICONVULSANTS
TIKOSYN CAP (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F	ANTIARRHYTHMICS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	F	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	F	OPHTHALMIC AGENTS
timolol maleate tab	-	F	BETA BLOCKERS
tioconazole vaginal oint.	OTC	F	VAGINAL PRODUCTS
tizanidine tab (ZANAFLEX TAB equiv)	-	F	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER	MSP-PA	F	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	F	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv)	MSP-PA	F	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	F	OPHTHALMIC AGENTS
tobramycin/ dexamethasone ophth soln (TOBRADEX equiv)	-	F	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	F	VAGINAL PRODUCTS
tolazamide tab (TOLINASE equiv)	-	F	ANTIDIABETICS
TOLBUTAMIDE TAB	-	F	ANTIDIABETICS
tolmetin cap	-	F	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	F	ANALGESICS - ANTI-INFLAMMATORY
tolnaftate aerosol	OTC	F	DERMATOLOGICALS
tolnaftate cream	OTC	F	DERMATOLOGICALS
tolnaftate powder	OTC	F	DERMATOLOGICALS
tolnaftate spray	OTC	F	DERMATOLOGICALS
tolterodine SR cap (DETROL LA equiv)	-	F	URINARY ANTISPASMODICS
tolterodine tab (DETROL TAB equiv)	-	F	URINARY ANTISPASMODICS
TOPICORT/DESOXIMETASONE CREAM 0.05%	-	F	DERMATOLOGICALS
topiramate sprinkle cap (TOPAMAX SPRINKLE equiv)	-	F	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	F	ANTICONVULSANTS
torseamide tab (DEMADEX equiv)	-	F	DIURETICS
TOUJEO SOLOSTAR INJ	-	F	ANTIDIABETICS
TOVIAZ TAB	-	F	URINARY ANTISPASMODICS
TRACLEER TAB (Only available through Accredo 1-866-591-9075 AND PharmaCare 1-800-238-7828)	PA	F	CARDIOVASCULAR AGENTS - MISC.
tramadol tab (ULTRAM equiv)	-	F	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	F	ANTIHYPERTENSIVES
tranex acid tab (LYSTEDA equiv)	-	F	HEMOSTATICS
trazodone tab	-	F	ANTIDEPRESSANTS
tretinoin cap (VESANOID equiv)	SPF	F	ANTINEOPLASTICS
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	F	DERMATOLOGICALS
triamcinolone cream	-	F	DERMATOLOGICALS
triamcinolone in orabase paste	-	F	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	F	DERMATOLOGICALS
triamcinolone oint	-	F	DERMATOLOGICALS
TRIAMINIC NASAL SOLN. (Only covered for members 4 years and older)	OTC	F	NASAL AGENTS - SYSTEMIC AND TOPICAL
TRIAMINIC STRIP (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	F	DIURETICS
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	F	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	F	DIURETICS
triazolam tab (HALCION equiv)	-	F	HYPNOTICS
tricitrates soln (POLYCITRA-LC equiv)	-	F	GENITOURINARY AGENTS - MISCELLANEOUS

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tricon cap (TRINSICON equiv)	-	F	HEMATOPOIETIC AGENTS
trifluridine ophth soln (VIROPTIC equiv)	-	F	OPHTHALMIC AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	F	CONTRACEPTIVES
trilyte soln (NULYTELY equiv)	-	F	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	F	ANTIEMETICS
trimethoprim tab	-	F	ANTI-INFECTIVE AGENTS - MISC.
trinessa tab (ORTHO TRI-CYCLEN equiv)	-	F	CONTRACEPTIVES
tri-vit/iron/fluoride drop	-	F	MULTIVITAMINS
tropicamide ophth soln (MYDRIACYL equiv)	-	F	OPHTHALMIC AGENTS
tussin CF liquid (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F	COUGH/COLD/ALLERGY
TYKERB TAB	MSP-PA	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYVASO INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
U-CORT CREAM	-	F	DERMATOLOGICALS
ULORIC TAB (Step Therapy requires failure of allopurinol.)	ST	F	GOUT AGENTS
URAMAXIN CREAM (Only RX version covered/OTC version NOT covered)	-	F	DERMATOLOGICALS
urea cream 40% (CARMOL equiv)	-	F	DERMATOLOGICALS
urea cream 50% (KERALAC equiv)	-	F	DERMATOLOGICALS
urea gel 40%	-	F	DERMATOLOGICALS
urea gel 50%	-	F	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	-	F	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	F	DERMATOLOGICALS
ursodiol cap (ACTIGALL equiv)	-	F	GASTROINTESTINAL AGENTS - MISC.
valacyclovir tab (VALTREX equiv)	-	F	ANTIVIRALS
VALCHLOR GEL (QL=4 TUBES/30 DAYS)	PA-QL	F	DERMATOLOGICALS
VALCYTE SOLN	SP	F	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	SP	F	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	F	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	F	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	F	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT TAB equiv)	-	F	ANTIHYPERTENSIVES
vancomycin cap (VANCOICIN CAP equiv) (QL= 56 caps/ fill; Step Therapy requires trial of vancomycin soln)	QL-ST	F	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN KIT	-	F	ANTI-INFECTIVE AGENTS - MISC.
vapor inhaler (Only covered for members 4 years and older)	OTC	F	COUGH/COLD/ALLERGY
vaporizing steam (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F	COUGH/COLD/ALLERGY
vaporizing steam liquid (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F	COUGH/COLD/ALLERGY
vcf vaginal gel	OTC	F	VAGINAL PRODUCTS
VECTICAL OINT	-	F	DERMATOLOGICALS
venlafaxine ER cap (EFFEXOR XR equiv)	-	F	ANTIDEPRESSANTS
venlafaxine ER tab (VENLAFAXINE ER TAB equiv)	-	F	ANTIDEPRESSANTS
VENLAFAXINE ER TAB 225MG	-	F	ANTIDEPRESSANTS
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	F	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
verapamil SR cap (VERELAN equiv)	-	F	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	F	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	F	CALCIUM CHANNEL BLOCKERS
VEXOL OPHTH SUSP	-	F	OPHTHALMIC AGENTS
V-GO INJ KIT (QL=1 KIT/DAY)	QL	F	MEDICAL DEVICES
VICTOZA INJ (QL=9ml/30 days)	QL	F	ANTIDIABETICS
VIIBRYD TAB	-	F	ANTIDEPRESSANTS

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VIMPAT SOLN	-	F	ANTICONSULSANTS
VIMPAT TAB (QL= 2 tab/day)	QL	F	ANTICONSULSANTS
vitamin a - d oint.	OTC	F	DERMATOLOGICALS
vitamin B complex cap	OTC	F	MULTIVITAMINS
vitamin D cap (RX strength only)	-	F	VITAMINS
VIVOTIF CAP (QL=4 caps/fill)	QL-VAC	F	VACCINES
voriconazole susp (VFEND equiv)	PA	F	ANTIFUNGALS
voriconazole tab (VFEND equiv)	PA	F	ANTIFUNGALS
VOTRIENT TAB	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VYVANSE CAP	-	F	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
warfarin tab (COUMADIN equiv)	-	F	ANTICOAGULANTS
WELCHOL PAK	-	F	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	F	ANTIHYPERLIPIDEMICS
XALKORI CAP	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XARELTO STARTER PACK	-	F	ANTICOAGULANTS
XARELTO TAB	-	F	ANTICOAGULANTS
XENAZINE TAB (Only available through Xenazine Support Program 888-882-6013)	LD-PA	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XIGDUO XR TAB (QL= 1 tab/day)	QL	F	ANTIDIABETICS
XIGDUO XR TAB 5-1000MG (QL= 2 tab/day)	QL	F	ANTIDIABETICS
XTANDI CAP (QL = 4 cap/day; Product is mandated through Acaria Specialty Pharmacy)	PA-QL-SF-SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
xulane patch (ORTHO-EVRA equiv)	-	F	CONTRACEPTIVES
XYREM SOLN (QL=540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	F	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zaleplon cap (SONATA equiv)	-	F	HYPNOTICS
ZAVESCA CAP	-	F	HEMATOPOIETIC AGENTS
ZELBORAF TAB	MSP-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zeosa chew tab (FEMCON FE equiv)	-	F	CONTRACEPTIVES
ZETIA TAB (QL= 1 tab/day)	QL	F	ANTIHYPERLIPIDEMICS
zidovudine cap (RETROVIR equiv)	-	F	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	F	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	F	ANTIVIRALS
zinc oxide oint	OTC	F	DERMATOLOGICALS
ZINC OXIDE PASTE	OTC	F	DERMATOLOGICALS
zinc sulfate cap	OTC	F	MINERALS & ELECTROLYTES
ZIRGAN OPHTH GEL	-	F	OPHTHALMIC AGENTS
ZOLINZA CAP (Product is mandated through Acaria Specialty Pharmacy)	PA-SF-SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolpidem tab 10mg (AMBIEN equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	F	HYPNOTICS
zolpidem tab 5mg (AMBIEN equiv) (QL = 1 tab/day)	QL	F	HYPNOTICS
zonisamide cap (ZONEGRAN equiv)	-	F	ANTICONSULSANTS
ZORTRESS TAB (Product is mandated through Acaria Specialty Pharmacy.)	PA-SPF	F	ASSORTED CLASSES
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	F	OPHTHALMIC AGENTS
ZYTIGA TAB (Product is mandated through Acaria Specialty Pharmacy.)	PA-SF-SPF	F	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX SUSP	PA	F	ANTI-INFECTIVE AGENTS - MISC.

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL XR CAP	-	F
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	F
dextroamphetamine ER cap (DEXEDRINE equiv)	-	F
dextroamphetamine tab (DEXEDRINE equiv)	-	F
methamphetamine tab (DESOXYN equiv)	-	F
VYVANSE CAP	-	F
ANALECTICS		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	F
ANOREXIANTS NON-AMPHETAMINE		
phentermine cap (ADIPEX equiv) (QL = 1 cap/day)	PA-QL	F
phentermine tab (ADIPEX equiv) (QL = 1 tab/day)	PA-QL	F
QSYMIA CAP (QL = 1 cap/day)	PA-QL	F
ANTI-OBESITY AGENTS		
BELVIQ TAB (QL = 2 tab/day)	PA-QL	F
CONTRAVE TAB (QL= 4 tab/day)	PA-QL	F
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
STRATTERA CAP	-	F
STIMULANTS - MISC.		
methylin ER tab (RITALIN SR equiv)	-	F
methylphenidate CD cap (METADATE CD CAP equiv)	-	F
methylphenidate ER cap (RITALIN LA CAP equiv)	-	F
METHYLPHENIDATE ER/CONCERTA TAB	-	F
methylphenidate soln (METHYLIN SOLN equiv)	-	F
methylphenidate tab (RITALIN equiv)	-	F
modafinil tab (PROVIGIL TAB equiv) (QL = 1 tab/day)	PA-QL	F
QUILLIVANT XR SUSP.	-	F
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	F
TOBI PODHALER	MSP-PA	F
tobramycin neb soln (TOBI equiv)	MSP-PA	F
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ (QL= 2 inj/28 days)	MSP-PA-QL	F
HUMIRA PEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	F
GOLD COMPOUNDS		
RIDAURA CAP	-	F
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 28 inj/28 days; Product is mandated through Acaria Specialty Pharmacy.)	PA-QL	F
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX CAP equiv) (QL = 2 cap/ day)	QL	F
diclofenac potassium tab (CATAFLAM equiv)	-	F
diclofenac sodium EC tab (VOLTAREN equiv)	-	F
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	F
etodolac cap	-	F
etodolac tab	-	F

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
fenoprofen calcium tab	-	F
flurbiprofen tab	-	F
ibuprofen cap	OTC	F
ibuprofen chew tab	OTC	F
ibuprofen susp (Rx ONLY)	OTC	F
ibuprofen tab	OTC	F
INDOCIN SUPP	-	F
INDOCIN SUSP	-	F
indomethacin cap	-	F
indomethacin CR cap (INDOCIN SR equiv)	-	F
ketoprofen cap	-	F
ketorolac tab (QL= 5 days treatment (20 tabs/5 days))	QL	F
MECLOFENAMATE CAP	-	F
meloxicam tab (MOBIC equiv)	-	F
nabumetone tab	-	F
naproxen EC tab (NAPROSYN EC equiv)	-	F
naproxen sodium tab (ANAPROX equiv)	-	F
naproxen susp (NAPROSYN equiv)	-	F
naproxen tab (NAPROSYN equiv)	-	F
oxaprozin tab (DAYPRO equiv)	-	F
piroxicam cap (FELDENE equiv)	-	F
sulindac tab (CLINORIL equiv)	-	F
tolmetin cap	-	F
TOLMETIN TAB	-	F
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	F
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA SC INJ (QL= 4 inj/28 days)	MSP-PA-QL	F
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ (QL= 4 syringes/28 days; Product is mandated through Acaria Specialty Pharmacy.)	MSP-PA-QL	F
ENBREL SURECLICK INJ (QL= 4 syringes/28 days; Product is mandated through Acaria Specialty Pharmacy.)	MSP-PA-QL	F
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
acetaminophen-pamabrom-pyrimilamine tab (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
ASPIRIN/ACETAMINOPHEN/CALCIUM CARBONATE TAB (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
PHENYLTOLOXAMINE-ACETAMINOPHEN TAB (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
ANALGESICS OTHER		
acetaminophen chew tab	OTC	F
acetaminophen drops (Only covered for members 20 years and younger)	OTC	F
acetaminophen elixir (Only covered for members 20 years and younger)	OTC	F
acetaminophen er tab	OTC	F
acetaminophen liquid (Only covered for members 20 years and younger)	OTC	F
acetaminophen supp	OTC	F
ACETAMINOPHEN SYRUP (Only covered for members 20 years and younger)	OTC	F
acetaminophen tab	OTC	F
SALICYLATES		
aspirin chew tab	OTC	F
aspirin ec tab	OTC	F

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aspirin supp.	OTC	F
aspirin tab	OTC	F
choline magnesium trisalicylate tab	-	F
diflunisal tab (DOLOBID equiv)	-	F
salsalate tab	-	F

ANALGESICS - OPIOID

OPIOID AGONISTS

codeine sulfate tab	-	F
fentanyl patch (DURAGESIC equiv)	-	F
HYDROMORPHONE SUPP	-	F
hydromorphone tab (DILAUDID equiv)	-	F
HYSINGLA ER TAB (QL= 1 tab/day)	PA-QL	F
LEVORPHANOL TAB	-	F
meperidine tab (DEMEROL equiv)	-	F
METHADONE SOLN	-	F
methadone tab (DOLOPHINE equiv)	-	F
methadose tab	-	F
morphine sulfate ER tab (MS CONTIN equiv)	-	F
morphine sulfate soln	-	F
morphine sulfate supp	-	F
morphine sulfate tab	-	F
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	F
NUCYNTA TAB	-	F
oxycodone cap (OXYIR equiv)	-	F
oxycodone soln	-	F
oxycodone tab (ROXICODONE equiv)	-	F
OXYCONTIN CR TAB (QL = 120 tab/30 days)	PA-QL	F
OXYIR CAP	-	F
tramadol tab (ULTRAM equiv)	-	F

OPIOID COMBINATIONS

acetaminophen/codeine soln	-	F
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	F
aspirin/codeine tab	-	F
hydrocodone/acetaminophen soln (ZOLVIT SOLN equiv)	-	F
hydrocodone/acetaminophen tab (LORTAB equiv)	-	F
oxycodone/acetaminophen cap (TYLOX equiv)	-	F
oxycodone/acetaminophen tab (PERCOCET equiv)	-	F
oxycodone/aspirin tab (PERCODAN equiv)	-	F
pentazocine/acetaminophen tab (TALACEN equiv)	-	F
ROXICET SOLN 325MG/5ML	-	F

OPIOID PARTIAL AGONISTS

butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	F
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ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

oxandrolone tab (OXANDRIN equiv)	-	F
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ANDROGENS

ANDROGEL 1.62% 1.25GM (QL= 1 packet/ day)	PA-QL	F
ANDROGEL 1.62% 2.5GM (QL= 2 packet/ day)	PA-QL	F

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ANDROGENS-ANABOLIC Cont.		
ANDROGEL 25MG (QL= 1 packet/day)	PA-QL	F
ANDROGEL 50MG (QL = 2 packets/day)	PA-QL	F
ANDROGEL PUMP 1% (QL = 4 bottle/30 days)	PA-QL	F
ANDROGEL PUMP 1.62% (QL = 2 bottle/30 days)	PA-QL	F
ANDROXY TAB	-	F
danazol cap (DANOCRINE equiv)	-	F
testosterone cypionate inj (DEPO-TESTOSTERONE INJ. equiv)	-	F
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema	-	F
RECTAL COMBINATIONS		
hc pramoxine cream 1-1% (ANALPRAM HC equiv)	-	F
lidocaine/ hydrocortisone cream	-	F
pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)	-	F
PROCTOFOAM HC FOAM	-	F
RECTAL STEROIDS		
proctosol cream (ANUSOL HC equiv)	-	F
ANTACIDS		
ANTACID COMBINATIONS		
antacid chew tab	OTC	F
MAGNESIUM/ALUMINUM HYDROXIDE CHEW	OTC	F
magnesium/aluminum hydroxide/simethicone chew tab	OTC	F
MAGNESIUM/ALUMINUM HYDROXIDE/SIMETHICONE SUSP	OTC	F
ANTACIDS - ALUMINUM SALTS		
ALUMINUM HYDROXIDE GEL SUSP.	OTC	F
ANTACIDS - BICARBONATE		
sodium bicarbonate tab	OTC	F
ANTACIDS - CALCIUM SALTS		
calcium carbonate chew tab	OTC	F
CALCIUM CARBONATE TAB	OTC	F
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide tab	OTC	F
ANTHELMINTICS		
ANTHELMINTICS		
BILTRICIDE TAB	-	F
ivermectin tab (STROMEKTOL TAB equiv)	-	F
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB	-	F
NITRATES		
isosorbide dinitrate ER tab	-	F
isosorbide dinitrate SL tab	-	F
isosorbide dinitrate tab	-	F
isosorbide mononitrate ER tab (IMDUR equiv)	-	F
isosorbide mononitrate tab (MONOKET equiv)	-	F
nitroglycerin patch (NITRO-DUR equiv)	-	F

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DrugName	Special Code	Tier
ANTIANGINAL AGENTS Cont.		
NITROSTAT SL TAB	-	F
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	F
hydroxyzine pamoate cap (VISTARIL equiv)	-	F
hydroxyzine syrup	-	F
hydroxyzine tab	-	F
meprobamate tab	-	F
BENZODIAZEPINES		
alprazolam tab (XANAX equiv)	-	F
chlordiazepoxide cap (LIBRIUM equiv)	-	F
clorazepate tab (TRANXENE-T equiv)	-	F
diazepam conc	-	F
DIAZEPAM SOLN	-	F
diazepam tab (VALIUM equiv)	-	F
lorazepam conc	-	F
lorazepam tab (ATIVAN equiv)	-	F
oxazepam cap	-	F
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	F
disopyramide ER cap (NORPACE CR equiv)	-	F
NORPACE CR CAP	-	F
quinidine gluconate CR tab	-	F
quinidine sulfate tab	-	F
ANTIARRHYTHMICS TYPE I-B		
mexiletine cap	-	F
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	F
propafenone ER cap (RYTHMOL SR equiv)	-	F
propafenone tab (RHYTHMOL equiv)	-	F
ANTIARRHYTHMICS TYPE III		
amiodarone tab (PACERONE equiv)	-	F
MULTAQ TAB	-	F
TIKOSYN CAP (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
CROMOLYN NEB SOLN	-	F
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA INHALER	-	F
INCRUSE ELLIPTA INHALER	-	F
ipratropium neb soln (ATROVENT equiv)	-	F
SPIRIVA HANDIHALER (For use with Handihaler device)	-	F
SPIRIVA RESPIMAT INHALER	-	F
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR CHEW TAB equiv)	-	F
montelukast granule pack (SINGULAIR GRANULES equiv)	-	F

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SP	Restricted to Specialist	SPF	Limited to two 15 day fills per month for first 3 months	ST	Smoking Cessation
VAC	Available through Specialty Pharmacy Program		First Fill available at Retail Pharmacy		Step Therapy
	Vaccine Program				

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
montelukast tab (SINGULAIR equiv)	-	F
STEROID INHALANTS		
AEROSPAN HFA INHALER	-	F
ARNUIITY ELLIPTA INHALER	-	F
budesonide susp (PULMICORT RESPULES equiv)	-	F
FLOVENT DISKUS INHALER	-	F
FLOVENT HFA INHALER	-	F
PULMICORT FLEXHALER	-	F
PULMICORT INH SUSP 1MG/2ML	-	F
SYMPATHOMIMETICS		
ADVAIR DISKUS INHALER	-	F
ADVAIR HFA INHALER	-	F
albuterol neb soln 0.083%	-	F
albuterol neb soln 0.5%	-	F
albuterol sulfate ER tab (VOSPIRE ER equiv)	-	F
albuterol sulfate syrup	-	F
albuterol sulfate tab	-	F
albuterol/ipratropium neb soln (DUONEB equiv)	-	F
ANORO ELLIPTA INHALER	-	F
BREO ELLIPTA INHALER	-	F
COMBIVENT INHALER	-	F
COMBIVENT RESPIMAT INHALER	-	F
DULERA INHALER	-	F
EPHEDRINE SULFATE CAP (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
FORADIL AEROLIZER	-	F
METAPROTERENOL SYRUP	-	F
SEREVENT DISKUS INHALER	-	F
SYMBICORT INHALER	-	F
terbutaline sulfate tab (BRETHINE equiv)	-	F
VENTOLIN HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	F
XANTHINES		
aminophylline tab	-	F
theophylline CR tab	-	F
THEOPHYLLINE ELIXIR	-	F
theophylline ER tab (UNIPHYL equiv)	-	F
theophylline soln	-	F
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	F
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB	-	F
XARELTO STARTER PACK	-	F
XARELTO TAB	-	F
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv) (QL= 17 days supply; Product is mandated through Acaria Specialty Pharmacy.)	QL-SPF	F
fondaparinux inj (ARIXTRA equiv) (Product is mandated through Acaria Specialty Pharmacy.)	PA-SPF	F
THROMBIN INHIBITORS		
PRADAXA CAP	-	F

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ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
clonazepam tab (KLONOPIN equiv)	-	F
DIAZEPAM/DIASTAT RECTAL GEL	-	F
ONFI TAB	PA	F
ANTICONVULSANTS - MISC.		
BANZEL SUSP	-	F
BANZEL TAB	-	F
carbamazepine chew tab (TEGRETOL CHEW equiv)	-	F
carbamazepine ER cap (CARBATROL equiv)	-	F
carbamazepine susp (TEGRETOL SUSP. equiv)	-	F
carbamazepine tab (TEGRETOL equiv)	-	F
gabapentin cap (NEURONTIN equiv)	-	F
gabapentin soln (NEURONTIN SOLN equiv)	-	F
gabapentin tab (NEURONTIN equiv)	-	F
lamotrigine chew tab (LAMICTAL CHEW equiv)	-	F
lamotrigine tab (LAMICTAL equiv)	-	F
levetiracetam soln (KEPPRA ORAL SOLN equiv)	-	F
levetiracetam tab (KEPPRA equiv)	-	F
LYRICA CAP	PA	F
LYRICA SOLN	PA	F
oxcarbazepine susp (TRILEPTAL equiv)	-	F
oxcarbazepine tab (TRILEPTAL equiv)	-	F
POTIGA TAB (QL= 3 tab/ day)	QL	F
primidone tab (MYSOLINE equiv)	-	F
topiramate sprinkle cap (TOPAMAX SPRINKLE equiv)	-	F
topiramate tab (TOPAMAX equiv)	-	F
VIMPAT SOLN	-	F
VIMPAT TAB (QL= 2 tab/day)	QL	F
zonisamide cap (ZONEGRAN equiv)	-	F
CARBAMATES		
felbamate susp (FELBATOL SUSP. equiv)	-	F
felbamate tab (FELBATOL equiv)	-	F
FELBATOL TAB	-	F
GABA MODULATORS		
GABITRIL TAB 12MG, 16MG	-	F
SABRIL POWDER PACK (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD	F
SABRIL TAB (Only available through SHARE program 888-45-SHARE (888-457-4273))	LD	F
tigabine tab (GABITRIL equiv)	-	F
HYDANTOINS		
DILANTIN CAP 30MG	-	F
PEGANONE TAB	-	F
PHENYTEK CAP	-	F
phenytoin cap (DILANTIN CAP equiv)	-	F
phenytoin chew tab (DILANTIN INFATABS equiv)	-	F
phenytoin susp (DILANTIN equiv)	-	F
SUCCINIMIDES		
CELONTIN CAP	-	F
ethosuximide cap (ZARONTIN equiv)	-	F
ethosuximide soln (ZARONTIN equiv)	-	F

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ANTICONVULSANTS Cont.		
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	F
divalproex sodium DR tab (DEPAKOTE equiv)	-	F
divalproex sprinkle cap (DEPAKOTE SPRINKLE equiv)	-	F
valproic acid cap (DEPAKENE equiv)	-	F
valproic acid syrup (DEPAKENE equiv)	-	F
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON SOLUTAB equiv)	-	F
mirtazapine tab (REMERON equiv)	-	F
ANTIDEPRESSANTS - MISC.		
bupropion SR tab (WELLBUTRIN SR equiv)	-	F
bupropion tab (WELLBUTRIN equiv)	-	F
bupropion XL tab (WELLBUTRIN XL equiv)	-	F
MAPROTILINE TAB	-	F
MODIFIED CYCLICS		
NEFAZODONE TAB	-	F
nefazodone tab 250mg (SERZONE equiv)	-	F
trazodone tab	-	F
VIIBRYD TAB	-	F
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	F
citalopram tab (CELEXA equiv)	-	F
escitalopram soln (LEXAPRO SOLN equiv)	-	F
escitalopram tab (LEXAPRO equiv)	-	F
fluoxetine cap (PROZAC equiv)	-	F
fluoxetine soln (PROZAC equiv)	-	F
fluoxetine tab (PROZAC equiv)	-	F
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine)	ST	F
fluvoxamine tab (LUVOX equiv)	-	F
paroxetine ER tab (PAXIL CR equiv)	-	F
paroxetine tab (PAXIL equiv)	-	F
sertraline conc (ZOLOFT equiv)	-	F
sertraline tab (ZOLOFT equiv)	-	F
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine EC cap (CYMBALTA equiv) (QL = 2 cap/day)	QL	F
venlafaxine ER cap (EFFEXOR XR equiv)	-	F
venlafaxine ER tab (VENLAFAXINE ER TAB equiv)	-	F
VENLAFAXINE ER TAB 225MG	-	F
TRICYCLIC AGENTS		
amitriptyline tab	-	F
AMOXAPINE TAB	-	F
desipramine tab (NORPRAMIN equiv)	-	F
doxepin cap	-	F
imipramine tab (TOFRANIL equiv)	-	F
nortriptyline cap (PAMELOR equiv)	-	F
nortriptyline soln (PAMELOR equiv)	-	F

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DrugName	Special Code	Tier
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	F
ANTIDIABETIC COMBINATIONS		
AVANDAMET TAB	-	F
AVANDARYL TAB	-	F
glipizide/metformin tab (METAGLIP equiv)	-	F
glyburide/metformin tab (GLUCOVANCE equiv)	-	F
JANUMET TAB	-	F
JANUMET XR TAB	-	F
JUVISYNC TAB	-	F
KOMBIGLYZE XR TAB	-	F
pioglitazone/glimepiride tab (DUETACT TAB equiv)	-	F
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	F
XIGDUO XR TAB (QL= 1 tab/day)	QL	F
XIGDUO XR TAB 5-1000MG (QL= 2 tab/day)	QL	F
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	F
metformin tab (GLUCOPHAGE equiv)	-	F
DIABETIC OTHER		
GLUCAGEN HYPOKIT INJ	-	F
GLUCAGON INJ KIT	-	F
GLUCOSE CHEW TAB	OTC	F
glucose gel	OTC	F
GLUCOSE TAB	OTC	F
KORLYM TAB (Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA	F
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL	F
ONGLYZA TAB (QL= 1 tab/day)	QL	F
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON INJ (QL=4 inj/28 days)	QL	F
BYDUREON PEN INJ (QL=4 inj/28 days)	QL	F
VICTOZA INJ (QL=9ml/30 days)	QL	F
INSULIN		
HUMALOG INJ	-	F
HUMALOG KWIKPEN INJ	-	F
HUMALOG MIX INJ	-	F
HUMALOG MIX KWIKPEN INJ	-	F
HUMALOG PEN INJ	-	F
HUMULIN MIX INJ	OTC	F
HUMULIN N INJ U-100	OTC	F
HUMULIN N PEN INJ	OTC	F
HUMULIN PEN INJ 70/30	OTC	F
HUMULIN R INJ U-100	OTC	F
HUMULIN-R U-100	OTC	F
LANTUS INJ	-	F
LANTUS SOLOSTAR INJ	-	F
TOUJEO SOLOSTAR INJ	-	F
INSULIN SENSITIZING AGENTS		

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
AVANDIA TAB	-	F
pioglitazone tab (ACTOS TAB equiv)	-	F
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	F
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	F
JARDIANCE TAB (QL=1 tab/day)	QL	F
SULFONYLUREAS		
chlorpropamide tab (DIABINESE equiv)	-	F
glimepiride tab (AMARYL equiv)	-	F
glipizide ER tab (GLUCOTROL XL equiv)	-	F
glipizide tab (GLUCOTROL equiv)	-	F
glyburide micronized tab (GLYNASE equiv)	-	F
glyburide tab (MICRONASE equiv)	-	F
tolazamide tab (TOLINASE equiv)	-	F
TOLBUTAMIDE TAB	-	F
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
bismuth subsalicylate chew tab	OTC	F
bismuth subsalicylate susp.	OTC	F
bismuth subsalicylate tab	OTC	F
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine liquid (LOMOTIL equiv)	-	F
diphenoxylate/atropine tab (LOMOTIL equiv)	-	F
loperamide cap	OTC	F
loperamide liquid	OTC	F
loperamide tab	OTC	F
ANTIDOTES		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	F
EXJADE TAB	MSP	F
FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	F
JADENU TAB	MSP	F
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 9 tab/fill)	QL	F
ondansetron ODT (ZOFTRAN ODT equiv)	-	F
ondansetron soln (ZOFTRAN ORAL SOLN equiv)	-	F
ondansetron tab (ZOFTRAN equiv)	-	F
ANTIEMETICS - ANTICHOLINERGIC		
dimenhydrin tab	OTC	F
maldemar tab (SCOPACE equiv)	-	F
meclizine chew tab	OTC	F
meclizine tab	OTC	F
trimethobenzamide cap (TIGAN equiv)	-	F
ANTIEMETICS - MISCELLANEOUS		

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ANTIEMETICS Cont.		
AKYNZEO CAP (QL= 1 cap/fill; Product is mandated through Acaria Specialty Pharmacy. Restricted to Oncology/Hematology specialist)	QL-RS-SPF	F
anti-nausea soln.	OTC	F
dronabinol cap (MARINOL equiv)	PA	F
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
EMEND CAP (QL= 3 cap/day; Product is mandated through Acaria Specialty Pharmacy. Restricted to Oncology/Hematology specialist)	QL-RS-SPF	F
EMEND PAK (QL= 3 cap/day; Product is mandated through Acaria Specialty Pharmacy. Restricted to Oncology/Hematology specialist)	QL-RS-SPF	F
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap (ANCOBON equiv)	-	F
GRIFULVIN SUSP	-	F
griseofulvin micro tab (GRIFULVIN V equiv)	-	F
griseofulvin susp (GRIFULVIN equiv)	-	F
griseofulvin tab (GRIS-PEG equiv)	-	F
nystatin powder	-	F
nystatin tab	-	F
terbinafine tab (LAMISIL equiv)	-	F
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	F
fluconazole tab (DIFLUCAN equiv)	-	F
itraconazole cap (SPORANOX equiv)	PA	F
ketoconazole tab (NIZORAL equiv)	-	F
NOXAFIL SUSP	-	F
voriconazole susp (VFEND equiv)	PA	F
voriconazole tab (VFEND equiv)	PA	F
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine cr tab (Only covered for members 2 years and older)	OTC	F
chlorpheniramine syrup (Only covered for members 2 years and older)	OTC	F
chlorpheniramine tab (Only covered for members 2 years and older)	OTC	F
ANTIHISTAMINES - ETHANOLAMINES		
clemastine fumarate tab	OTC	F
diphenhydramine cap (Only covered for members 2 years and older)	OTC	F
diphenhydramine chew tab (Only covered for members 2 years and older)	OTC	F
diphenhydramine liquid (Only covered for members 2 years and older)	OTC	F
diphenhydramine rapid tab (Only covered for members 2 years and older)	OTC	F
DIPHENHYDRAMINE STRIP (Only covered for members 2 years and older)	OTC	F
diphenhydramine syrup (Only covered for members 2 years and older)	OTC	F
diphenhydramine tab (Only covered for members 2 years and older)	OTC	F
ANTIHISTAMINES - NON-SEDATING		
cetirizine chew tab (QL = 1 TAB/DAY)	OTC-QL	F
cetirizine syrup (ZYRTEC equiv)	OTC	F
cetirizine tab (QL = 1 TAB/DAY)	OTC-QL	F
CLARITIN REDITAB (QL = 1 tab/day)	OTC-QL	F
loratadine ODT (QL = 1 tab/day)	OTC-QL	F
loratadine syrup (QL = 240ml/30 day; Covered for members age 2 through 5 years)	OTC-QL	F
loratadine tab (CLARITIN equiv) (QL = 1 tab/day; Covered for members 2 years and older)	OTC-QL	F

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ANTIHISTAMINES Cont.		
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine supp	-	F
promethazine syrup	-	F
promethazine tab	-	F
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	F
cyproheptadine tab	-	F
ANTIHYPERTENSIVES		
ANTIHYPERTENSIVES - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	F
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	F
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	F
cholestyramine powder (QUESTRAN equiv)	-	F
cholestyramine powder pack (QUESTRAN equiv)	-	F
colestipol tab (COLESTID equiv)	-	F
WELCHOL PAK	-	F
WELCHOL TAB	-	F
FIBRIC ACID DERIVATIVES		
fenofibrate cap (LOFIBRA equiv)	-	F
fenofibric acid DR cap (TRILIPIX equiv)	-	F
gemfibrozil tab (LOPID equiv)	-	F
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv)	-	F
fluvastatin cap (LESCOL equiv)	-	F
lovastatin tab (MEVACOR equiv)	-	F
pravastatin tab (PRAVACHOL equiv)	-	F
SIMCOR TAB	-	F
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	F
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ZETIA TAB (QL= 1 tab/day)	QL	F
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	F
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	F
captopril tab (CAPOTEN equiv)	-	F
enalapril tab (VASOTEC equiv)	-	F
EPANED SOLN	-	F
fosinopril tab (MONOPRIL equiv)	-	F
lisinopril tab (PRINIVIL equiv)	-	F
moexipril tab (UNIVASC equiv)	-	F
perindopril tab (ACEON equiv)	-	F
quinapril tab (ACCUPRIL equiv)	-	F
ramipril cap (ALTACE equiv)	-	F
trandolapril tab (MAVIK equiv)	-	F
AGENTS FOR PHEOCHROMOCYTOMA		

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OTC	Infertility	PA	Limited Distribution	QL	Mandatory Specialty Pharmacy Program
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	SPF	Limited to two 15 day fills per month for first 3 months	ST	Smoking Cessation
VAC	Available through Specialty Pharmacy Program		First Fill available at Retail Pharmacy		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
DIBENZYLINE CAP	-	F
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
eprosartan mesylate tab (TEVETEN equiv)	-	F
irbesartan tab (AVAPRO TAB equiv)	-	F
losartan tab (COZAAR equiv)	-	F
telmisartan tab (MICARDIS equiv)	-	F
valsartan tab (DIOVAN equiv)	-	F
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv)	-	F
clonidine tab (CATAPRES equiv)	-	F
doxazosin tab (CARDURA equiv)	-	F
guanfacine IR tab (TENEX equiv)	-	F
methyldopa tab	-	F
prazosin cap (MINIPRESS equiv)	-	F
terazosin cap (HYTRIN equiv)	-	F
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/ valsartan tab (EXFORGE TAB equiv)	-	F
amlodipine/benazepril cap (LOTREL equiv)	-	F
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT TAB equiv)	-	F
atenolol/chlorthalidone tab (TENORETIC equiv)	-	F
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	F
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	F
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	F
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	F
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	F
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	F
irbesartan/hydrochlorothiazide tab (AVALIDE TAB equiv)	-	F
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	F
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	F
methyldopa/hydrochlorothiazide tab	-	F
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	F
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	F
propranolol/hydrochlorothiazide tab	-	F
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	F
valsartan/hydrochlorothiazide tab (DIOVAN HCT TAB equiv)	-	F
VASODILATORS		
hydralazine tab	-	F
minoxidil tab	-	F
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
CAYSTON INH SOLN (Only available through Cystic Fibrosis Services, Inc. 800-541-4959)	LD-PA	F
metronidazole cap (FLAGYL equiv)	-	F
metronidazole tab (FLAGYL equiv)	-	F
NEBUPENT NEB SOLN	MSP	F
trimethoprim tab	-	F
vancomycin cap (VANCOCIN CAP equiv) (QL= 56 caps/ fill; Step Therapy requires trial of vancomycin soln)	QL-ST	F
VANCOMYCIN SOLN KIT	-	F
ANTI-INFECTIVE MISC. - COMBINATIONS		

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ANTI-INFECTIVE AGENTS - MISC. Cont.		
erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)	-	F
smz/tmp (DS) tab (BACTRIM DS equiv)	-	F
smz/tmp susp (SEPTRA SUSP equiv)	-	F
ANTIPROTOZOAL AGENTS		
ALINIA SUSP	-	F
atovaquone susp (MEPRON equiv)	-	F
LEPROSTATICS		
DAPSONE TAB	-	F
LINCOSAMIDES		
clindamycin cap 150mg	-	F
clindamycin cap 75mg (CLEOCIN equiv)	-	F
OXAZOLIDINONES		
linezolid tab	PA	F
SIVEXTRO TAB (QL=6 tab/fill)	PA-QL	F
ZYVOX SUSP	PA	F
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	F
MALARONE TAB	-	F
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	F
DARAPRIM TAB	-	F
hydroxychloroquine tab (PLAQUENIL equiv)	-	F
mefloquine tab (LARIAM equiv)	-	F
PRIMAQUINE TAB	-	F
ANTIMYASTHENIC AGENTS		
ANTIMYASTHENIC AGENTS		
PROSTIGMIN TAB	-	F
pyridostigmine tab (MESTINON equiv)	-	F
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine CR tab	-	F
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
isonarif cap (RIFAMATE equiv)	-	F
ANTIMYCOBACTERIAL AGENTS		
ethambutol tab (MYAMBUTOL tab equiv)	-	F
ISONIAZID SYRUP	-	F
isoniazid tab	-	F
pyrazinamide tab	-	F
rifabutin cap (MYCOBUTIN equiv)	-	F
rifampin cap (RIFADIN equiv)	-	F
ANTINEOPLASTICS		
ANTINEOPLASTICS MISC.		
tretinoin cap (VESANOID equiv)	SPF	F
MITOTIC INHIBITORS		

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DrugName	Special Code	Tier
ANTINEOPLASTICS Cont.		
etoposide cap	SPF	F
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP (Product is mandated through Acaria Specialty Pharmacy.)	PA-SPF	F
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
AFINITOR TAB (QL = 1 tab/day; Product is mandated through Acaria Specialty Pharmacy.)	PA-QL-SF-SPF	F
ALKERAN TAB	-	F
CEENU CAP	-	F
CYCLOPHOSPHAMIDE CAP	-	F
cyclophosphamide tab	-	F
HEXALEN CAP (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F
LEUKERAN TAB (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F
LOMUSTINE CAP	-	F
MYLERAN TAB	-	F
temozolomide cap (TEMODAR equiv) (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F
ANTIMETABOLITES		
capecitabine tab (XELODA equiv) (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F
mercaptopurine tab (PURINETHOL equiv)	-	F
methotrexate inj (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
methotrexate tab	-	F
TABLOID TAB	-	F
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP	MSP-PA-SF	F
ANTINEOPLASTIC - HORMONAL AGENTS		
anastrozole tab (ARIMIDEX equiv)	-	F
bicalutamide tab (CASODEX equiv)	-	F
EMCYT CAP	-	F
exemestane tab (AROMASIN equiv)	-	F
FARESTON TAB	-	F
flutamide cap (EULEXIN equiv)	-	F
letrozole tab (FEMARA equiv)	-	F
LYSODREN TAB	SPF	F
megestrol susp (MEGACE equiv)	-	F
megestrol tab (MEGACE equiv)	-	F
NILANDRON TAB	-	F
tamoxifen tab (NOLVADEX equiv)	-	F
ZYTIGA TAB (Product is mandated through Acaria Specialty Pharmacy.)	PA-SF-SPF	F
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
XTANDI CAP (QL = 4 cap/day; Product is mandated through Acaria Specialty Pharmacy)	PA-QL-SF-SPF	F
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DISPERZ (QL= 1 tab/day; Product is mandated through Acaria Specialty Pharmacy)	PA-QL-SF-SPF	F
BOSULIF TAB (Product is mandated through Acaria Specialty Pharmacy)	PA-SF-SPF	F
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	F
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	F
GILOTRIF TAB (QL= 1 tab/day)	PA-QL	F
GLEEVEC TAB (QL = 3 tab/day; Product is mandated through Acaria Specialty Pharmacy)	PA-QL-SF-SPF	F
ICLUSIG TAB 15MG (QL = 3 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	F
ICLUSIG TAB 45MG (QL = 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	F

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
INLYTA TAB (QL = 8 tab/day; Product is mandated through Acaria Specialty Pharmacy)	PA-QL-SF-SPF	F
IRESSA TAB (Only available through Iressa Access Program 800-601-8933)	LD	F
JAKAFI TAB (QL=2 tabs/day)	MSP-PA-QL	F
NEXAVAR TAB	MSP-PA-SF	F
SPRYCEL TAB (QL= 1 tab/day; Product is mandated through Acaria Specialty Pharmacy.)	PA-QL-SF-SPF	F
SPRYCEL TAB 20MG (QL= 3 tab/day; Product is mandated through Acaria Specialty Pharmacy.)	PA-QL-SF-SPF	F
STIVARGA TAB (QL = 4 tab/day)	MSP-PA-QL-SF	F
SUTENT CAP (Product is mandated through Acaria Specialty Pharmacy.)	PA-SF-SPF	F
TAFINLAR CAP (QL = 4 caps/day)	PA-QL-SF-SP	F
TARCEVA TAB (Product is mandated through Acaria Specialty Pharmacy.)	PA-SF-SPF	F
TYKERB TAB	MSP-PA	F
VOTRIENT TAB	MSP-PA-SF	F
XALKORI CAP	MSP-PA-SF	F
ZELBORAF TAB	MSP-PA-SF	F
ZOLINZA CAP (Product is mandated through Acaria Specialty Pharmacy)	PA-SF-SPF	F
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-SF	F
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ	MSP	F
ALFERON-N INJ	MSP	F
bexarotene cap (TARGRETIN CAP equiv) (Product is mandated through Acaria Specialty Pharmacy.)	PA-SF-SPF	F
hydroxyurea cap (HYDREA equiv)	-	F
INTRON-A INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
INTRON-A KIT (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
MATULANE CAP	-	F
PROLEUKIN INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
TARGRETIN CAP (Product is mandated through Acaria Specialty Pharmacy.)	PA-SF-SPF	F
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	F
MESNEX TAB (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	F
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	F
ANTIPARKINSON DOPAMINERGICS		
APOKYN INJ	-	F
bromocriptine cap (PARLODEL equiv)	-	F
bromocriptine tab (PARLODEL equiv)	-	F
CARBIDOPA/ LEVODOPA/ ENTACAPONE TAB (STALEVO TAB equiv)	-	F
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	F
carbidopa/levodopa ODT (PARCOPA equiv)	-	F
carbidopa/levodopa tab (SINEMET equiv)	-	F
NEUPRO PATCH	-	F
pramipexole tab (MIRAPEX TAB equiv)	-	F
ropinirole tab (REQUIP equiv)	-	F
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB	-	F
selegiline cap (ELDEPRYL equiv)	-	F

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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
selegiline tab	-	F
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIPSYCHOTICS - MISC.		
EQUETRO CAP	-	F
PHENOTHIAZINES		
prochlorperazine supp	-	F
prochlorperazine tab	-	F
ANTISEPTICS & DISINFECTANTS		
ANTISEPTIC COMBINATIONS		
IV PREP WIPES	OTC	F
ANTISEPTICS & DISINFECTANTS		
HYDROGEN PEROXIDE SOLN.	OTC	F
CHLORINE ANTISEPTICS		
chlorhexidine gluconate liquid (HIBICLENS equiv)	OTC	F
IODINE ANTISEPTICS		
POVIDONE-IODINE SOLN	OTC	F
povidone-iodine soln.	OTC	F
ANTIVIRALS		
ANTIRETROVIRALS		
didanosine DR cap (VIDEX EC equiv)	SP	F
zidovudine cap (RETROVIR equiv)	-	F
zidovudine syrup (RETROVIR equiv)	-	F
zidovudine tab (RETROVIR equiv)	-	F
CMV AGENTS		
GANCICLOVIR CAP	SP	F
VALCYTE SOLN	SP	F
valganciclovir tab (VALCYTE equiv)	SP	F
HEPATITIS AGENTS		
adefovir dipivoxil tab (HEPSERA equiv)	SP	F
entecavir tab (BARACLUDE equiv) (QL=1 tab/day. Product is mandated through Acaria Specialty Pharmacy.)	MSP-QL	F
HARVONI TAB (QL=1 tab/day. Product is mandated through Acaria Specialty Pharmacy.)	MSP-PA-QL	F
INFERGEN INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
PEGASYS INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
PEGASYS INJ KIT (Product is mandated through Acaria Specialty Pharmacy.)	MSP-ST	F
REBETOL SOLN	MSP	F
ribasphere cap (REBETOL equiv) (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
RIBATAB (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
ribavirin tab (COPEGUS equiv) (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
SOVALDI TAB (QL= 1 tab/day. Product is mandated through Acaria Specialty Pharmacy.)	MSP-PA-QL	F
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	F
acyclovir susp	-	F
acyclovir tab (ZOVIRAX equiv)	-	F
valacyclovir tab (VALTREX equiv)	-	F
INFLUENZA AGENTS		
RELENZA DISKHALER (QL= 20 units/fill)	QL	F
rimantadine tab (FLUMADINE equiv)	-	F

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
TAMIFLU CAP (QL= 10 caps/fill)	QL	F
TAMIFLU SUSP 12MG/ML (QL= 125ml/fill)	QL	F
TAMIFLU SUSP 6MG/ML (QL= 250ml/fill)	QL	F

ASSORTED CLASSES

CHELATING AGENTS

CUPRIMINE CAP	-	F
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IMMUNOMODULATORS

REVLIMID CAP (QL = 1 cap/day)	MSP-PA-QL	F
THALOMID CAP (Product is mandated through Acaria Specialty Pharmacy.)	PA-SPF	F

IMMUNOSUPPRESSIVE AGENTS

azathioprine tab (IMURAN equiv)	-	F
cyclosporine cap (SANDIMMUNE equiv)	-	F
cyclosporine modified cap (NEORAL equiv)	-	F
CYCLOSPORINE MODIFIED CAP 50MG	-	F
cyclosporine modified soln (NEORAL equiv)	-	F
mycophenolate cap (CELLCEPT equiv)	SP	F
mycophenolate DR tab (MYFORTIC equiv)	-	F
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	SP	F
mycophenolate tab (CELLCEPT equiv)	SP	F
RAPAMUNE SOLN	SP	F
SANDIMMUNE SOLN 100MG/ML	-	F
sirolimus tab (RAPAMUNE equiv)	SP	F
tacrolimus cap (PROGRAF equiv)	-	F
ZORTRESS TAB (Product is mandated through Acaria Specialty Pharmacy.)	PA-SPF	F

POTASSIUM REMOVING RESINS

sodium polystyrene powder (KAYEXALATE equiv)	-	F
sodium polystyrene soln (SPS equiv)	-	F

BETA BLOCKERS

ALPHA-BETA BLOCKERS

carvedilol tab (COREG equiv)	-	F
labetalol tab (NORMODYNE equiv)	-	F

BETA BLOCKERS CARDIO-SELECTIVE

acebutolol cap (SECTRAL equiv)	-	F
atenolol tab (TENORMIN equiv)	-	F
betaxolol tab (KERLONE equiv)	-	F
bisoprolol tab (ZEBETA equiv)	-	F
BYSTOLIC TAB	-	F
metoprolol ER tab (TOPROL XL equiv)	-	F
metoprolol tab (LOPRESSOR equiv)	-	F

BETA BLOCKERS NON-SELECTIVE

HEMANGEOL SOLN (COVERED FOR MEMBERS AGE 3 YEARS AND UNDER ONLY)	-	F
nadolol tab (CORGARD equiv)	-	F
pindolol tab	-	F
propranolol ER cap (INDERAL LA equiv)	-	F
PROPRANOLOL SOLN	-	F
propranolol tab	-	F
sotalol AF tab (BETAPACE AF equiv)	-	F
sotalol tab (BETAPACE equiv)	-	F

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DrugName	Special Code	Tier
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BETA BLOCKERS Cont.

timolol maleate tab	-	F
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CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine tab (NORVASC equiv)	-	F
diltiazem ER cap (TIAZAC equiv)	-	F
diltiazem tab (CARDIZEM equiv)	-	F
isradipine cap	-	F
matzim LA tab (CARDIZEM LA equiv)	-	F
nicardipine cap	-	F
nifedipine cap (PROCARDIA equiv)	-	F
nifedipine ER tab (ADALAT CC equiv)	-	F
nisoldipine ER tab (SULAR equiv)	-	F
verapamil SR cap (VERELAN equiv)	-	F
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	F
verapamil tab (CALAN equiv)	-	F

CARDIOTONICS

CARDIAC GLYCOSIDES

digoxin tab (LANOXIN equiv)	-	F
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CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

amlodipine/atorvastatin tab (CADUET equiv)	-	F
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PROSTAGLANDIN VASODILATORS

TYVASO INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F
VENTAVIS INH SOLN (Only available through Accredo 888-773-7376)	LD-PA	F

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

OPSUMIT TAB	PA	F
TRACLEER TAB (Only available through Accredo 1-866-591-9075 AND PharmaCare 1-800-238-7828)	PA	F

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

ADCIRCA TAB (Product is mandated through Acaria Specialty Pharmacy.)	PA-SPF	F
sildenafil tab (REVATIO TAB equiv)	PA	F

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

cefadroxil cap (DURICEF equiv)	-	F
cefadroxil susp (DURICEF equiv)	-	F
cefadroxil tab (DURICEF equiv)	-	F
cephalexin cap	-	F
cephalexin susp	-	F
CEPHALEXIN TAB	-	F

CEPHALOSPORINS - 2ND GENERATION

cefprozil susp (CEFZIL equiv)	-	F
cefprozil tab (CEFZIL equiv)	-	F
cefuroxime susp (CEFTIN equiv)	-	F
cefuroxime tab (CEFTIN equiv)	-	F

CEPHALOSPORINS - 3RD GENERATION

cefdinir cap (OMNICEF equiv)	-	F
cefdinir susp (OMNICEF equiv)	-	F

CHEMICALS

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OTC	Infertility	PA	Limited Distribution	QL	Mandatory Specialty Pharmacy Program
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	SPF	Limited to two 15 day fills per month for first 3 months	ST	Smoking Cessation
VAC	Available through Specialty Pharmacy Program		First Fill available at Retail Pharmacy		Step Therapy
	Vaccine Program				

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**L.A. Care Health Plan Medi-Cal Formulary
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DrugName	Special Code	Tier
CHEMICALS Cont.		
LIQUIDS		
GLYCERIN LIQUID	OTC	F
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	F
apri tab (DESOGEN equiv)	-	F
aranelle tab (TRI-NORINYL equiv)	-	F
aviane tab (ALESSE equiv)	-	F
balziva tab (OVCON 35 equiv)	-	F
BEYAZ TAB	-	F
cesia tab (CYCLESSA equiv)	-	F
cryselle tab (LO/OVRAL equiv)	-	F
enpresse tab (TRI-LEVELLEN equiv)	-	F
gianvi tab/ ocella tab (YAZ/YASMIN equiv)	-	F
jolessa tab/ amethia tab (SEASONALE/SEASONIQUE equiv)	-	F
junel FE tab (LOESTRIN FE equiv)	-	F
junel tab (LOESTRIN equiv)	-	F
kariva tab (MIRCETTE equiv)	-	F
kelnor tab (DEMULEN equiv)	-	F
mononessa tab (ORTHO-CYCLEN equiv)	-	F
necon tab (ORTHO-NOVUM equiv)	-	F
necon tab 1/50	-	F
ORTHO TRI-CYCLEN LO TAB	-	F
tri-legest tab (ESTROSTEP FE equiv)	-	F
trinessa tab (ORTHO TRI-CYCLEN equiv)	-	F
zeosa chew tab (FEMCON FE equiv)	-	F
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
xulane patch (ORTHO-EVRA equiv)	-	F
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	F
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	F
levonorgestrel tab (PLAN-B equiv)	OTC	F
LEVONORGESTREL TAB 0.75MG	-	F
PLAN B TAB	OTC	F
PROGESTIN CONTRACEPTIVES - ORAL		
nora-be tab (NORA-QD equiv)	-	F
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
CORTEF TAB	-	F
CORTISONE ACETATE TAB	-	F
DEXAMETHASONE CONC	-	F
dexamethasone soln	-	F
dexamethasone tab (DECADRON equiv)	-	F
hydrocortisone tab (CORTEF equiv)	-	F
methylprednisolone dose pack (MEDROL DOSE PACK equiv)	-	F
methylprednisolone tab (MEDROL equiv)	-	F
prednisolone ODT (ORAPRED ODT equiv)	-	F

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OTC	Infertility	PA	Limited Distribution	QL	Mandatory Specialty Pharmacy Program
RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	SPF	Limited to two 15 day fills per month for first 3 months	ST	Smoking Cessation
VAC	Available through Specialty Pharmacy Program		First Fill available at Retail Pharmacy		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
prednisolone soln (PEDIAPRED equiv)	-	F
prednisolone syrup (PRELONE equiv)	-	F
PREDNISON PAK	-	F
PREDNISON SOLN	-	F
PREDNISON TAB	-	F
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	F
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonate cap (TESSALON equiv)	-	F
dextromethorphan cap (Only covered for members 4 years and older)	OTC	F
dextromethorphan er liquid (Only covered for members 4 years and older)	OTC	F
dextromethorphan liquid (Only covered for members 4 years and older)	OTC	F
DEXTROMETHORPHAN LOZENGE (Only covered for members 4 years and older)	OTC	F
dextromethorphan syrup (Only covered for members 4 years and older)	OTC	F
hydrocodone/homatropine syrup (HYCODAN equiv)	-	F
TRIAMINIC STRIP (Only covered for members 4 years and older)	OTC	F
COUGH/COLD/ALLERGY COMBINATIONS		
brompheniram/phenylephrine/dm soln (Only covered for members 4 years and older)	OTC	F
CENHIST CHEW TAB (Only covered for members 4 years and older)	OTC	F
cetirizine/pseudoephedrine 12-hour tab (QL = 1 TAB/DAY)	OTC-QL	F
chlorpheniramine/acetaminophen tab (Only covered for members 4 years and older)	OTC	F
chlorpheniramine/phenylephrine/apap effer tab (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F
chlorpheniramine/phenylephrine/apap susp. (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F
chlorpheniramine/phenylephrine/apap tab (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F
CHLORPHENIRAMINE/PSEUDOEPHEDRINE/IBUPROFEN TAB (Only covered for members 4 years and older)	OTC	F
CONEX TAB (Only covered for members 4 years and older)	OTC	F
DEXTROMETHOR/ACETAMIN/DIPHEN LIQUID (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
dextromethorphan hb/doxylamine soln. (Only covered for members 4 years and older)	OTC	F
dextromethorphan hbr/chlorpheniramine liquid (Only covered for members 4 years and older)	OTC	F
dextromethorphan hbr/chlorpheniramine tab (Only covered for members 4 years and older)	OTC	F
dextromethorphan/phenylephrine liquid (Only covered for members 4 years and older)	OTC	F
DEXTROMETHORPHAN/PHENYLEPHRINE STRIP (Only covered for members 4 years and older)	OTC	F
DEXTROMETHORPHAN/PSEUDOEPHED DROPS (Only covered for members 4 years and older)	OTC	F
DEXTROMETHORPHAN/PSEUDOEPHED ELIXIR (Only covered for members 4 years and older)	OTC	F
dextromethorphan/pseudoephed syrup (Only covered for members 4 years and older)	OTC	F
DEXTROMETHORPHN/ACETAMINOPH/CP LIQUID (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
dextromethorphan/acetaminoph/cp susp (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
dextromethorphan/acetaminoph/cp tab (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
diphenhydramine/acetaminophen tab (Only covered for members 4 years and older)	OTC	F
diphenhydramine/phenylephrine/apap liquid (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F
diphenhydramine/phenylephrine/apap susp. (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F
diphenhydramine/phenylephrine/apap tab (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F
dm hb/pe/acetaminophen/chlorpheniramine liquid (Only covered for members 4 years and older)	OTC	F
dm hb/pe/acetaminophen/chlorpheniramine susp. (Only covered for members 4 years and older)	OTC	F
dm hb/pe/acetaminophen/chlorpheniramine tab (Only covered for members 4 years and older)	OTC	F
dm hb/pseudoephed/acetamin/cp cap (Only covered for members 4 years and older)	OTC	F
dm hb/pseudoephed/acetamin/cp packet (Only covered for members 4 years and older)	OTC	F

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OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
dm hb/pseudoephed/acetamin/cp susp (Only covered for members 4 years and older)	OTC	F
dm hb/pseudoephed/acetamin/cp tab (Only covered for members 4 years and older)	OTC	F
dm/pe/acetaminophen/doxylamine liquid (Only covered for members 4 years and older)	OTC	F
dm/p-ephed/acetaminoph/doxylam cap (Only covered for members 4 years and older)	OTC	F
dm/p-ephed/acetaminoph/doxylam liquid (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F
DM/PHENYLEPH/CHLORPHENIRAMINE LIQUID (Only covered for members 4 years and older)	OTC	F
DM/PHENYLEPH/CHLORPHENIRAMINE SOLN. (Only covered for members 4 years and older)	OTC	F
dm/pseudoephed/acetaminophen cap (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
dm/pseudoephed/acetaminophen tab (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
d-methorphan hb/acetaminophen liquid (Only covered for members 4 years and older)	OTC	F
d-methorphan hb/p-epd hcl/bpm elixir (Only covered for members 4 years and older)	OTC	F
d-methorphan hb/p-epd hcl/bpm syrup (Only covered for members between 2 and 4 years old)	OTC	F
D-METHORPHAN HB/P-EPHED HCL/CP CHEW TAB (Only covered for members 4 years and older)	OTC	F
d-methorphan hb/p-ephed hcl/cp liquid (Only covered for members 4 years and older)	OTC	F
d-methorphan/acetamin/doxylam cap (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
d-methorphan/acetamin/doxylam liquid (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
d-methorphan/pe/acetaminophen cap (Only covered for members 4 years and older)	OTC	F
d-methorphan/pe/acetaminophen liquid (Only covered for members 4 years and older)	OTC	F
d-methorphan/pe/acetaminophen tab (Only covered for members 4 years and older)	OTC	F
donatussin liquid (Only covered for members 4 years and older)	OTC	F
guaifen/phenyleph/acetaminophn tab (Only covered for members 4 years and older)	OTC	F
GUAIFEN/PSEUDOEPHED/ACETAMINOP TAB (Only covered for members 4 years and older)	OTC	F
guaifenesin dm/pseudoephedrine syrup (Covered for members 4 years and older)	OTC	F
GUAIFENESIN DM/PSEUDOEPHEDRINE TAB (Covered for members 4 years and older)	OTC	F
guaifenesin/acetaminophen tab (Only covered for members 4 years and older)	OTC	F
guaifenesin/codeine liquid (Covered for members 6 years and older)	OTC	F
guaifenesin/codeine soln (Covered for members 4 years and older)	OTC	F
guaifenesin/dextromethorphan cap (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
guaifenesin/dextromethorphan ER tab (Covered for members 4 years and older)	OTC	F
guaifenesin/dextromethorphan liquid (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
GUAIFENESIN/DEXTROMETHORPHAN PACK (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
guaifenesin/dextromethorphan tab (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
guaifenesin/dm/pseudoephedrine cap (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
guaifenesin/d-methorphan hb/pe syrup (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
guaifenesin/ephedrine hcl tab (Only covered for members 4 years and older)	OTC	F
guaifenesin/phenylephrine tab (Only covered for members 4 years and older)	OTC	F
guaifenesin/pseudoephedrine tab (Only covered for members 4 years and older)	OTC	F
guaifenesin/pseudoephedrine hcl cap (Only covered for members 4 years and older)	OTC	F
guaifenesin/pseudoephedrine hcl syrup (Only covered for members 4 years and older)	OTC	F
HDC DM SYRUP (Only covered for members 4 years and older)	OTC	F
LOHIST-D LIQUID (Only covered for members 4 years and older)	OTC	F
loratadine/pseudoephedrine 12-hour tab (QL = 2 tab/day)	OTC-QL	F
loratadine/pseudoephedrine 24-hour tab (QL = 1 tab/day)	OTC-QL	F
MEDI-GRAINE TAB	OTC	F
NEOTUSS PLUS LIQUID	OTC	F
pe/acetamin/diphenhydramin/cpm tab (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F
pheniramine/phenylephrine/acetaminophen packet (Only covered for members 19 years and younger)	OTC	F
phenylphrine/brompheniramine chew liquid (Only covered for members 4 years and older)	OTC	F
phenylphrine/brompheniramine elixir (Only covered for members 4 years and older)	OTC	F
PHENYLDPHRINE/BROMPHENIRAMINE TAB (Only covered for members 4 years and older)	OTC	F

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
PHENYLEPH/ACETAMIN/DEXBROMPHENIRAMINE TAB (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F
phenylephrine/acetamin/doxylamine cap (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F
phenylephrine/acetaminophen cap (Only covered for members 4 years and older)	OTC	F
phenylephrine/acetaminophen pack (Only covered for members 4 years and older)	OTC	F
phenylephrine/acetaminophen tab (Only covered for members 4 years and older)	OTC	F
phenylephrine/chlorpheniramine liquid (Only covered for members 2 years and older)	OTC	F
phenylephrine/chlorpheniramine tab (Only covered for members 4 years and older)	OTC	F
phenylephrine/diphenhydramine liquid (Only covered for members 4 years and older)	OTC	F
phenylephrine/diphenhydramine solution (Only covered for members 4 years and older)	OTC	F
phenylephrine/diphenhydramine tab (Only covered for members 4 years and older)	OTC	F
phenylephrine/dm/acetaminop/gg liquid (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
phenylephrine/dm/acetaminop/gg tab (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
promethazine DM syrup	-	F
PROMETHAZINE VC SYRUP	-	F
promethazine VC w/codeine syrup (PHENERGAN VC W/CODIENE equiv)	-	F
promethazine w/codeine syrup (PHENERGAN W/CODIENE equiv)	-	F
PSEUDOEPH/DM/GUAIFEN/ACETAMIN PACKET (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
pseudoeph/dm/guaifen/acetamin tab (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
pseudoephed/acetaminoph/diphenhydramine tab (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F
pseudoephedrine/acetaminophen tab (Only covered for members 4 years and older)	OTC	F
pseudoephedrine/brompheniramine liquid (Only covered for members 4 years and older)	OTC	F
PSEUDOEPHEDRINE/CHLORPHENIRAMINE CHEW TAB (Only covered for members 4 years and older)	OTC	F
pseudoephedrine/chlorpheniramine syrup (Only covered for members 4 years and older)	OTC	F
pseudoephedrine/chlorpheniramine tab (Only covered for members 4 years and older)	OTC	F
PSEUDOEPHEDRINE/CODEINE/CHLORPHENIRAMINE LIQUID (Only covered for members 4 years and older)	OTC	F
pseudoephedrine/dexbrompheniramine er tab (Only covered for members 4 years and older)	OTC	F
PSEUDOEPHEDRINE/DIPHENHYDRAMINE TAB (Only covered for members 4 years and older)	OTC	F
PSEUDOEPHEDRINE/IBUPROFEN CAP (Only covered for members 4 years and older)	OTC	F
pseudoephedrine/ibuprofen susp. (Only covered for members 4 years and older)	OTC	F
pseudoephedrine/ibuprofen tab (Only covered for members 4 years and older)	OTC	F
pseudoephedrine/naproxen tab (Only covered for members 4 years and older)	OTC	F
pseudoephedrine/triprolidine tab (Only covered for members 4 years and older)	OTC	F
PYRILAMINE/PE/DEXTROMETHORPHAN LIQUID (Only covered for members 4 years and older)	OTC	F
SCOT-TUSSIN SOLN. (Only covered for members 4 years and older)	OTC	F
tussin CF liquid (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
EXPECTORANTS		
guaifenesin ER tab (Only covered for members 4 years and older)	OTC	F
guaifenesin liquid (Only covered for members 4 years and older)	OTC	F
guaifenesin syrup (Only covered for members 4 years and older)	OTC	F
guaifenesin tab (Only covered for members 4 years and older)	OTC	F
MISC. RESPIRATORY INHALANTS		
NEBUSAL NEB SOLN 6%	-	F
sodium chloride neb soln	-	F
vapor inhaler (Only covered for members 4 years and older)	OTC	F
vaporizing steam (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F
vaporizing steam liquid (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F
MUCOLYTICS		
acetylcysteine soln	-	F

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DrugName	Special Code	Tier
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
adapalene gel 0.1% (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
adapalene gel 0.3% (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	F
amnesteem cap (ACCUTANE equiv)	-	F
benzoyl peroxide cream (QL = 1 tube/30 day)	OTC-QL	F
benzoyl peroxide gel (QL = 1 tube/30 day)	OTC-QL	F
benzoyl peroxide liquid (QL = 1 bottle/30 day)	OTC-QL	F
benzoyl peroxide lotion (QL = 1 bottle/30 day)	OTC-QL	F
clindamycin gel (CLEOCIN GEL equiv)	-	F
clindamycin topical soln (CLEOCIN-T equiv)	-	F
erythromycin gel	-	F
erythromycin pad	-	F
erythromycin soln	-	F
PRASCION RA CREAM	-	F
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	F
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	F
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	F
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	F
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	F
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	F
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	F
ANTIBIOTICS - TOPICAL		
bacitracin oint	OTC	F
bacitracin/polymyxin b oint	OTC	F
bacitracin/zinc oint.	OTC	F
gentamicin sulfate cream	-	F
gentamicin sulfate oint	-	F
mupirocin cream (BACTROBAN equiv)	-	F
mupirocin oint (BACTROBAN OINT equiv)	-	F
neomycin/bacitracin/polymyxin b oint	OTC	F
neomycin/bacitracin/polymyxin b/pramoxine oint	OTC	F
neomycin/polymyxin b/pramoxine cream	OTC	F
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	F
ciclopirox gel (LOPROX GEL equiv)	-	F
ciclopirox nail soln (PENLAC equiv)	-	F
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	F
ciclopirox topical susp (LOPROX SUSP equiv)	-	F
clotrimazole cream	OTC	F
clotrimazole soln.	-	F
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	F
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	F
CLOVERINE OINT	OTC	F
econazole cream (SPECTAZOLE CREAM equiv)	-	F
FUNGOID SOLN	OTC	F
ketoconazole cream (NIZORAL CREAM equiv)	-	F
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	F
miconazole cream	OTC	F
miconazole nitrate aerosol	OTC	F

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
miconazole nitrate powder	OTC	F
miconazole oint.	OTC	F
naftifine cream 1% (NAFTIN equiv)	-	F
NAFTIN CREAM 2%	-	F
NAFTIN GEL	-	F
nystatin cream (MYCOSTATIN CREAM equiv)	-	F
nystatin oint	-	F
nystatin topical powder	-	F
nystatin/triamcinolone cream	-	F
nystatin/triamcinolone oint	-	F
OXISTAT CREAM	-	F
OXISTAT LOTION	-	F
terbinafine cream (QL = 1 tube/30 day; Covered for members 12 years and older)	OTC-QL	F
tolnaftate aerosol	OTC	F
tolnaftate cream	OTC	F
tolnaftate powder	OTC	F
tolnaftate spray	OTC	F
ANTI-HISTAMINES-TOPICAL		
diphenhydramine cream	OTC	F
diphenhydramine gel	OTC	F
diphenhydramine spray	OTC	F
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream (EFUDEX CREAM equiv)	-	F
fluorouracil soln (EFUDEX SOLN equiv)	-	F
TARGRETIN GEL (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F
VALCHLOR GEL (QL=4 TUBES/30 DAYS)	PA-QL	F
ANTIPSORIATICS		
8-MOP CAP	-	F
acitretin cap (SORIATANE equiv)	-	F
calcipotriene cream (DOVONEX CREAM equiv)	-	F
calcipotriene oint	-	F
calcipotriene soln (DOVONEX SOLN equiv)	-	F
methoxsalen cap (OXSORALEN ULTRA equiv)	-	F
SORIATANE CK KIT	-	F
VECTICAL OINT	-	F
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	F
selenium sulfide shampoo (SELSEB equiv)	-	F
sodium sulfacetamide wash (OVACE WASH equiv)	-	F
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX OINT equiv)	-	F
DENAVIR CREAM	-	F
BATH PRODUCTS		
glycerin gel	OTC	F
mineral oil	OTC	F
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	F
SULFAMYLON CREAM	-	F

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RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
SP	Restricted to Specialist	SPF	Limited to two 15 day fills per month for first 3 months	ST	Smoking Cessation
VAC	Available through Specialty Pharmacy Program		First Fill available at Retail Pharmacy		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	F
alclometasone oint (ACLOVATE OINT equiv)	-	F
amcinonide cream (CYCLOCORT CREAM equiv)	-	F
AMCINONIDE CREAM 0.1%	-	F
AMCINONIDE OINT	-	F
APEXICON E CREAM (PSORCON E equiv)	-	F
apexicon oint	-	F
augmented betamethasone lotion (DIPROLENE LOTION equiv)	-	F
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	F
betamethasone augmented gel (DIPROLENE GEL equiv)	-	F
betamethasone augmented oint (DIPROLENE OINT equiv)	-	F
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	F
betamethasone dipropionate lotion	-	F
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	F
betamethasone valerate cream	-	F
betamethasone valerate lotion	-	F
betamethasone valerate oint	-	F
clobetasol propionate cream (TEMOVATE CREAM equiv)	-	F
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	F
clobetasol propionate gel (TEMOVATE GEL equiv)	-	F
clobetasol propionate oint (TEMOVATE OINT equiv)	-	F
clobetasol propionate soln (TEMOVATE SOLN equiv)	-	F
desonide cream	-	F
desonide lotion	-	F
desonide oint	-	F
desoximetasone cream 0.25% (TOPICORT CREAM 0.25% equiv)	-	F
desoximetasone gel (TOPICORT equiv)	-	F
desoximetasone oint 0.25% (TOPICORT equiv)	-	F
DIFLORASONE CREAM	-	F
DIFLORASONE OINTMENT	-	F
EPIFOAM AEROSOL	-	F
fluocinolone acetonide cream	-	F
fluocinolone acetonide oint	-	F
fluocinolone acetonide soln	-	F
fluocinonide cream (LIDEX equiv)	-	F
fluocinonide emollient cream	-	F
fluocinonide gel	-	F
fluocinonide oint	-	F
fluocinonide soln	-	F
fluticasone propionate cream (CUTIVATE equiv)	-	F
fluticasone propionate lotion (CUTIVATE equiv)	-	F
fluticasone propionate oint (CUTIVATE equiv)	-	F
halobetasol propionate cream (ULTRAVATE equiv)	-	F
halobetasol propionate oint (ULTRAVATE equiv)	-	F
hydrocortisone ac cream	OTC	F
HYDROCORTISONE AC OINT	OTC	F
hydrocortisone aloe cream	OTC	F
HYDROCORTISONE ALOE OINT	OTC	F
hydrocortisone butyrate cream (LOCOID equiv)	-	F

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DERMATOLOGICALS Cont.		
hydrocortisone butyrate oint (LOCOID equiv)	-	F
hydrocortisone butyrate soln (LOCOID equiv)	-	F
hydrocortisone cream	OTC	F
hydrocortisone gel	OTC	F
hydrocortisone lotion	OTC	F
hydrocortisone oint	OTC	F
hydrocortisone topical soln.	OTC	F
hydrocortisone valerate cream	-	F
hydrocortisone valerate oint (WESTCORT equiv)	-	F
mometasone cream (ELOCON equiv)	-	F
mometasone oint (ELOCON equiv)	-	F
mometasone soln (ELOCON equiv)	-	F
PRAMOSONE CREAM	-	F
prednicarbate cream (DERMATOP equiv)	-	F
prednicarbate oint (DERMATOP equiv)	-	F
TOPICORT/DESOXIMETASONE CREAM 0.05%	-	F
triamcinolone cream	-	F
triamcinolone lotion	-	F
triamcinolone oint	-	F
U-CORT CREAM	-	F
DIAPER RASH PRODUCTS		
a - d oint	OTC	F
EMOLLIENT/KERATOLYTIC AGENTS		
URAMAXIN CREAM (Only RX version covered/OTC version NOT covered)	-	F
urea cream 40% (CARMOL equiv)	-	F
urea cream 50% (KERALAC equiv)	-	F
urea gel 40%	-	F
urea gel 50%	-	F
urea lotion (KERALAC LOTION equiv)	-	F
urea susp 40% (UMECTA equiv)	-	F
EMOLLIENTS		
ammonium lactate cream	OTC	F
ammonium lactate lotion	OTC	F
glycerin liquid	OTC	F
glycerin lotion	OTC	F
mineral oil/petrolatum cream	OTC	F
petrolatum oint	OTC	F
vitamin a - d oint.	OTC	F
ENZYMES - TOPICAL		
KOVIA OINT	-	F
papain-urea oint (ACCUZYME OINT equiv)	-	F
SANTYL OINT	-	F
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	F
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CREAM	-	F
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln (CONDYLOX equiv)	-	F

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DERMATOLOGICALS Cont.		
salicylic acid gel	OTC	F
salicylic acid liquid	OTC	F
salicylic acid pad	OTC	F
salicylic acid shampoo (SALEX equiv)	-	F
salicylic acid soln	OTC	F
salicylic acid strip	OTC	F
LINIMENTS		
capsaicin cream	OTC	F
LOCAL ANESTHETICS - TOPICAL		
capsaicin cream	OTC	F
capsaicin pad	OTC	F
lidocaine cream (LIDAMANTLE equiv)	-	F
lidocaine gel (XYLOCAINE equiv)	-	F
lidocaine oint	-	F
lidocaine soln (XYLOCAINE equiv)	-	F
lidocaine/prilocaine cream (EMLA equiv)	-	F
MISC. DERMATOLOGICAL PRODUCTS		
mineral oil/petrolatum cream	OTC	F
MISC. TOPICAL		
ALCOHOL WIPES	OTC	F
aluminum chloride soln (DRYSOL equiv)	-	F
CALAMINE LOTION	OTC	F
DESITIN PASTE	OTC	F
DIETHYLTOLUAMIDE LOTION	OTC	F
DRYSOL SOLN	-	F
GEL DRESSING (QL = 2 box/30 day)	QL	F
glycerin liquid	OTC	F
GLYCERIN SHAMPOO	OTC	F
lubricating jelly	OTC	F
mineral oil	QL	F
MINERAL OIL LIGHT	OTC	F
mineral oil/petrolatum cream	OTC	F
mineral oil/petrolatum lotion	OTC	F
mineral oil/petrolatum oint	OTC	F
PETROLATUM/LANOLIN/ZINC OXIDE/MINERAL OIL OINT.	OTC	F
SKIN CLEANSER	OTC	F
SODIUM CHLORIDE SPRAY	OTC	F
zinc oxide oint	OTC	F
ZINC OXIDE PASTE	OTC	F
ROSACEA AGENTS		
FINACEA GEL	-	F
FINACEA PLUS KIT	-	F
metronidazole cream (METROCREAM equiv)	-	F
metronidazole gel (METROGEL equiv)	-	F
metronidazole lotion (METROLOTION equiv)	-	F
SCABICIDES & PEDICULICIDES		
dimethicone gel	OTC	F
EURAX CREAM	-	F
LICE B GONE SHAMPOO	OTC	F

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DERMATOLOGICALS Cont.		
permethrin cream (ELIMITE CREAM equiv)	-	F
permethrin liquid	OTC	F
permethrin lotion	OTC	F
permethrin spray	OTC	F
piperonyl butox/pyrethrins/permethrin kit	OTC	F
piperonyl butoxide/pyrethrins liquid	OTC	F
piperonyl butoxide/pyrethrins shampoo	OTC	F
SPINOSAD SUSP (QL= 1 bottle/ fill)	QL	F
WOUND CARE PRODUCTS		
REGRANEX GEL (QL = 2 - 15gm tubes/fill)	QL	F
sodium chloride irrigation/decyl glucoside soln	OTC	F
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	F
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
DIAGNOSTIC TESTS		
ASSURE PLATINUM TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
CLINISTIX TEST STRIP	OTC	F
FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
KETO-DIASTIX TEST STRIP	OTC	F
KETOSTIX	OTC	F
PRECISION XTRA TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)	OTC	F
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
INFANT FOODS		
INFANT FORMULA LIQUID	OTC-PA	F
INFANT FORMULA POWDER	OTC-PA	F
NUTRITIONAL SUPPLEMENTS		
NUTRITIONAL SUPPLEMENT LIQUID	OTC-PA	F
NUTRITIONAL SUPPLEMENT POWDER	OTC-PA	F
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	F
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	F
acetazolamide tab	-	F
ACETAZOLAMIDE TAB 125MG	-	F
methazolamide tab (NEPTAZANE equiv)	-	F
DIURETIC COMBINATIONS		
amiloride/hydrochlorothiazide tab	-	F
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	F
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	F
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg	-	F
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	F
LOOP DIURETICS		

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DrugName	Special Code	Tier
DIURETICS Cont.		
bumetanide tab	-	F
EDECIN TAB	-	F
FUROSEMIDE SOLN	-	F
furosemide tab (LASIX equiv)	-	F
toremide tab (DEMADEX equiv)	-	F
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	F
DYRENIUM CAP	-	F
spironolactone tab (ALDACTONE equiv)	-	F
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab	-	F
CHLOROTHIAZIDE TAB 250MG	-	F
CHLORTHALIDONE TAB	-	F
DIURIL SUSP	-	F
hydrochlorothiazide cap (MICROZIDE equiv)	-	F
hydrochlorothiazide tab	-	F
indapamide tab	-	F
METHYLCLOTHIAZIDE TAB	-	F
metolazone tab (ZAROXOLYN equiv)	-	F
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	F
ALENDRONATE TAB 40MG	-	F
FORTICAL NASAL SPRAY	-	F
CALCIUM REGULATORS - MISC.		
FORTEO INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
MIACALCIN INJ	MSP	F
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Walgreens 888-347-3416)	LD	F
GROWTH HORMONES		
GENOTROPIN INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP-PA	F
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv)	-	F
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
METABOLIC MODIFIERS		
BUPHENYL TAB	-	F
calcitriol cap (ROCALTRONL equiv)	-	F
calcitriol inj (CALCIJEX equiv)	MSP	F
calcitriol soln (ROCALTRONL SOLN. equiv)	-	F
doxercalciferol cap (HECTOROL equiv) (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F
KUVAN POWDER PACK	PA	F
KUVAN TAB	MSP-PA	F
levocarnitine soln (CARNITOR equiv)	-	F
levocarnitine tab (CARNITOR equiv)	-	F

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
paricalcitol cap (ZEMPLAR equiv) (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F
SENSIPAR TAB (Product is mandated through Acaria Specialty Pharmacy.)	SPF	F
sodium phenylbutyrate powder (BUPHENYL POWDER equiv)	-	F
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	F
desmopressin acetate tab (DDAVP equiv)	-	F
desmopressin nasal soln (DDAVP equiv)	-	F
STIMATE NASAL SOLN	-	F
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	F
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv) (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)	LD-PA-QL	F
ESTROGENS		
ESTROGEN COMBINATIONS		
jinteli tab (FEMHRT equiv)	-	F
PREMPHASE TAB/ PREMPRO TAB	-	F
ESTROGENS		
estradiol patch (VIVELLE-DOT PATCH equiv)	-	F
estradiol tab (ESTRACE equiv)	-	F
estropipate tab (OGEN equiv)	-	F
PREMARIN TAB	-	F
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin susp (CIPRO equiv)	-	F
ciprofloxacin tab (CIPRO equiv)	-	F
levofloxacin soln (LEVAQUIN equiv)	-	F
levofloxacin tab (LEVAQUIN equiv)	-	F
moxifloxacin tab (AVELOX equiv)	-	F
ofloxacin tab (FLOXIN equiv)	-	F
OFLOXACIN TAB 400MG	-	F
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
simethicone cap	OTC	F
simethicone chew tab	OTC	F
simethicone drops	OTC	F
simethicone liquid	OTC	F
SIMETHICONE STRIPS	OTC	F
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	F
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	F
GASTROINTESTINAL STIMULANTS		
metoclopramide soln	-	F
metoclopramide tab (REGLAN equiv)	-	F
INFLAMMATORY BOWEL AGENTS		
APRISO CAP	-	F

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GASTROINTESTINAL AGENTS - MISC. Cont.		
ASACOL (HD)/LIALDA TAB	-	F
balsalazide cap (COLAZAL equiv)	-	F
CANASA SUPP	-	F
mesalamine enema (ROWASA equiv)	-	F
sulfasalazine EC tab	-	F
sulfasalazine tab	-	F
INTESTINAL ACIDIFIERS		
lactulose soln	-	F
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
LINZESS CAP (QL = 1 cap/day)	QL	F
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
RELISTOR INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP-PA	F
RELISTOR INJ KIT (Product is mandated through Acaria Specialty Pharmacy.)	MSP-PA	F
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	F
FOSRENOL CHEW TAB	-	F
FOSRENOL POWDER PACK	-	F
PHOSLYRA SOLN	-	F
RENAGEL TAB	-	F
REVELA PACKET	-	F
REVELA TAB	-	F
SEVELAMER CARBONATE TAB	-	F
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA-3 SYRUP (POLYCITRA SYRUP equiv)	-	F
ORACIT SOLN	-	F
potassium citrate tab CR (UROCIT-K TAB equiv)	-	F
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	F
potassium citrate/citric acid soln	-	F
sodium citrate/citric acid soln (BICITRA equiv)	-	F
tricitrates soln (POLYCITRA-LC equiv)	-	F
CYSTINOSIS AGENTS		
CYSTAGON CAP	-	F
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	F
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	F
AVODART CAP	-	F
finasteride tab (PROSCAR equiv)	-	F
JALYN CAP	-	F
RAPAFLO CAP (Restricted to Specialist (Urology))	RS	F
tamsulosin cap (FLOMAX equiv)	-	F
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIDIUM equiv)	-	F
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab	-	F

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GOUT AGENTS Cont.		
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	F
COLCHICINE TAB (COLCRYS TAB equiv)	-	F
ULORIC TAB (Step Therapy requires failure of allopurinol.)	ST	F
URICOSURICS		
probenecid tab	-	F
HEMATOLOGICAL AGENTS - MISC.		
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	F
PLATELET AGGREGATION INHIBITORS		
AGGRENOX CAP	-	F
anagrelide cap (AGRYLIN equiv)	-	F
cilostazol tab (PLETAL equiv)	-	F
clopidogrel tab 75mg (PLAVIX 75MG TAB equiv)	-	F
dipyridamole tab (PERSANTINE equiv)	-	F
EFFIENT TAB	-	F
ticlopidine tab (TICLID equiv)	-	F
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
ZAVESCA CAP	-	F
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	F
COBALAMINS		
cyanocobalamin inj	-	F
cyanocobalamine er tab	OTC	F
cyanocobalamine lozenge	OTC	F
cyanocobalamine sl tab	OTC	F
cyanocobalamine tab	OTC	F
FOLIC ACID/FOLATES		
folic acid tab	OTC	F
HEMATOPOIETIC GROWTH FACTORS		
EPOGEN INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
GRANIX INJ	MSP	F
LEUKINE INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
NEULASTA INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
NEUMEGA INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
PROCRIT INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
PROMACTA TAB	MSP-PA	F
HEMATOPOIETIC MIXTURES		
CHROMAGEN FORTE TAB	-	F
CHROMAGEN TAB	-	F
ferrex 150 forte cap (NIFEREX 150 FORTE equiv)	-	F
multigen folic tab (CHROMAGEN FA equiv)	-	F
multigen plus tab (CHROMAGEN FORTE equiv)	-	F
multigen tab (CHROMAGEN equiv)	-	F
NEPHRON FA TAB	-	F
NIFEREX-150 FORTE CAP	-	F

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	Vaccine Program				

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
tricon cap (TRINSICON equiv)	-	F
IRON		
ferrous gluconate tab	OTC	F
ferrous sulfate dr tab	OTC	F
ferrous sulfate drops	OTC	F
ferrous sulfate elixir	OTC	F
ferrous sulfate er tab	OTC	F
FERROUS SULFATE LIQUID	OTC	F
ferrous sulfate slow release tab	OTC	F
FERROUS SULFATE SYRUP	OTC	F
ferrous sulfate tab	OTC	F
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid syrup (AMICAR equiv)	-	F
aminocaproic acid tab (AMICAR equiv)	-	F
AMINOCAPROIC ACID/AMICAR TAB 1000MG	-	F
tranex acid tab (LYSTEDA equiv)	-	F
HYPNOTICS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap	OTC	F
diphenhydramine tab	OTC	F
DIPHENHYDRAMINE/APAP LIQUID (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
diphenhydramine/apap tab (COVERED FOR MEMBERS 4 YEARS AND OLDER)	OTC	F
doxylamine succinate tab	OTC	F
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	F
phenobarbital tab	-	F
SECONAL CAP	-	F
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	F
eszopiclone tab (LUNESTA equiv) (QL=1 tab/day)	QL	F
FLURAZEPAM CAP	-	F
temazepam cap 15mg (RESTORIL equiv)	-	F
temazepam cap 30mg (RESTORIL equiv)	-	F
triazolam tab (HALCION equiv)	-	F
zaleplon cap (SONATA equiv)	-	F
zolpidem tab 10mg (AMBIEN equiv) (Male QL= 1 tab/day; Female QL= 0.5 tab/day)	QL	F
zolpidem tab 5mg (AMBIEN equiv) (QL = 1 tab/day)	QL	F
LAXATIVES		
BULK LAXATIVES		
calcium pycarbophil tab (FIBERCON equiv)	OTC	F
FIBER LIQUID	OTC	F
KONSYL POWDER	OTC	F
KONSYL POWDER PACKET	OTC	F
psyllium cap (METAMUCIL equiv)	OTC	F
psyllium powder (METAMUCIL equiv)	OTC	F
LAXATIVE COMBINATIONS		
MOVIPREP SOLN (QL= 1 bottle/fill)	QL	F

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LAXATIVES Cont.		
peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv)	-	F
sennosides/docusate sodium tab	OTC	F
trilyte soln (NULYTELY equiv)	-	F
LAXATIVES - MISCELLANEOUS		
FLEET ENEMA	OTC	F
glycerin suppository	OTC	F
lactulose soln	-	F
polyethylene glycol 3350 powder	OTC	F
polyethylene glycol packet	OTC	F
LUBRICANT LAXATIVES		
MINERAL OIL	OTC	F
mineral oil enema	OTC	F
MINERAL OIL LIGHT	OTC	F
SALINE LAXATIVES		
magnesium citrate soln.	OTC	F
magnesium hydroxide susp.	OTC	F
MILK OF MAGNESIA CHEW TAB	OTC	F
sodium phosphate enema	OTC	F
sodium phosphate soln.	OTC	F
STIMULANT LAXATIVES		
BISACODYL ENEMA	OTC	F
bisacodyl supp.	OTC	F
bisacodyl tab	OTC	F
DULCOLAX BOWEL PREP KIT	OTC	F
sennosides tab	OTC	F
SURFACTANT LAXATIVES		
docusate calcium cap	OTC	F
docusate sodium cap	OTC	F
docusate sodium enema	OTC	F
docusate sodium liquid	OTC	F
docusate sodium syrup	OTC	F
docusate sodium tab	OTC	F
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX SUSP equiv)	-	F
azithromycin tab (ZITHROMAX equiv)	-	F
CLARITHROMYCIN		
clarithromycin susp (BIAXIN equiv)	-	F
clarithromycin tab (BIAXIN equiv)	-	F
ERYTHROMYCINS		
ERYPED SUSP	-	F
erythromycin DR cap	-	F
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	F
ERYTHROMYCIN TAB (all forms except PCE)	-	F
FIDAXOMICIN		
DIFICID TAB (QL= 20 tab/fill; Step Therapy requires trial of vancomycin)	QL-ST	F

MEDICAL DEVICES

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DrugName	Special Code	Tier
MEDICAL DEVICES Cont.		
CONTRACEPTIVES		
CERVICAL CAP	-	F
DIAPHRAGM	-	F
FEMALE CONDOMS	OTC	F
MALE CONDOMS	OTC	F
DIABETIC SUPPLIES		
FREESTYLE FREEDOM LITE METER	OTC	F
FREESTYLE INSULINX METER	OTC	F
FREESTYLE LITE METER	OTC	F
LANCET KIT	OTC	F
LANCETS	OTC	F
PRECISION XTRA METER	OTC	F
V-GO INJ KIT (QL=1 KIT/DAY)	QL	F
MISC. DEVICES		
ALCOHOL SWABS	OTC	F
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	OTC	F
B-D PEN NEEDLE	OTC	F
RESPIRATORY AIDS		
PEDIATRIC MASK	OTC	F
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER	OTC	F
PEAK FLOW METER	OTC	F
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
MIGERGOT SUPP	-	F
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv)	-	F
SEROTONIN AGONISTS		
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F
rizatriptan ODT (MAXALT MLT equiv) (QL= 12 tabs/fill, 3 fills/60 day)	QL	F
rizatriptan tab (MAXALT equiv) (QL =12 tabs/fill, 3 fills/60 day)	QL	F
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	F
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	F
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	F
sumatriptan vial inj (IMITREX equiv) (QL=5 injs/fill, 2 fills/30 days)	QL	F
SUMATRIPTAN/ IMITREX NASAL SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	F
MINERALS & ELECTROLYTES		
CALCIUM		
CALCIUM ACETATE TAB (QL = 9 tab/day)	QL	F
calcium and phosphorus w/vitamin D tab (RISACAL-D equiv)	OTC	F
CALCIUM CARBONATE CAP	OTC	F
calcium carbonate chew tab	OTC	F
calcium carbonate susp.	OTC	F
calcium carbonate tab	OTC	F
calcium carbonate w/ vitamin d cap	OTC	F
CALCIUM CARBONATE W/ VITAMIN D CHEW TAB	OTC	F

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	Vaccine Program				

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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
calcium carbonate w/ vitamin d tab	OTC	F
calcium carbonate w/ vitamind D tab	OTC	F
CALCIUM CARBONATE/GLUCONATE W/ VITAMIN D TAB	OTC	F
calcium citrate tab	OTC	F
calcium citrate w/ vitamin d tab	OTC	F
CALCIUM GLUCONATE TAB	OTC	F
calcium lactate tab	OTC	F
ELECTROLYTE MIXTURES		
pediatric electrolyte soln.	OTC	F
FLUORIDE		
FLUORABON SOLN	-	F
sodium fluoride chew tab (LURIDE equiv)	-	F
sodium fluoride soln (LURIDE SOLN. equiv)	-	F
SODIUM FLUORIDE TAB	-	F
IODINE PRODUCTS		
SSKI SOLN	-	F
MAGNESIUM		
magnesium oxide tab	OTC	F
MINERAL COMBINATIONS		
calcium citrate tab	OTC	F
PHOSPHATE		
K-PHOS TAB	-	F
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	F
POTASSIUM		
KLOR-CON M15 TAB	-	F
potassium bicarbonate effer tab	-	F
potassium chloride effer tab	-	F
potassium chloride ER cap (MICRO-K CAP equiv)	-	F
potassium chloride ER tab (KLOR-CON TAB equiv)	-	F
potassium chloride liquid	-	F
potassium chloride micro tab (K-DUR CAP equiv)	-	F
potassium chloride powder packet (KLOR-CON equiv)	-	F
SODIUM		
sodium chloride tab	OTC	F
ZINC		
GALZIN CAP	-	F
zinc sulfate cap	OTC	F

MOUTH/THROAT/DENTAL AGENTS

ANESTHETICS TOPICAL ORAL

lidocaine viscous soln	-	F
throat lozenge	OTC	F

ANTIALLERGY AGENTS - MOUTH/THROAT

APHTHASOL PASTE	-	F
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ANTI-INFECTIVES - THROAT

clotrimazole troches (MYCELEX TROCHES equiv)	-	F
nystatin susp	-	F

ANTISEPTICS - MOUTH/THROAT

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RS Restricted to Specialist	SF Limited to two 15 day fills per month for first 3 months		SMKG Smoking Cessation	
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VAC Vaccine Program				

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DrugName	Special Code	Tier
chlorhexidine gluconate soln	-	F
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM	-	F
PREVIDENT RINSE	-	F
sodium fluoride cream (PREVIDENT 5000 PLUS equiv)	-	F
sodium fluoride gel (PREVIDENT GEL equiv)	-	F
sodium fluoride paste (PREVIDENT 5000 BOOSTER equiv)	-	F
sodium fluoride rinse (PREVIDENT ORAL RINSE equiv)	-	F
LOZENGES		
throat lozenge (COVERED FOR MEMBERS 4-19 YEARS)	OTC	F
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste	-	F
THROAT PRODUCTS - MISC.		
cevimeline cap (EVOXAC equiv)	-	F
pilocarpine tab (SALAGEN equiv)	-	F
MULTIVITAMINS		
B-COMPLEX VITAMINS		
vitamin B complex cap	OTC	F
B-COMPLEX W/ FOLIC ACID		
dialyvit tab (NEPHRO-VITE equiv)	--OTC	F
folbee plus cz tab (DIATX ZN equiv)	-	F
renaphro cap (NEPHROCAP equiv)	-	F
BIOFLAVONOID PRODUCTS		
ascorbic acid tab	OTC	F
MULTIPLE VITAMINS W/ IRON		
multivitamin w/ iron tab	OTC	F
MULTIPLE VITAMINS W/ MINERALS		
multiple vitamins w/ minerals tab	-	F
multivitamin w/ iron chew tab	OTC	F
MULTIVITAMINS		
multiple vitamin liquid	OTC	F
multiple vitamin tab	OTC	F
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	F
tri-vit/iron/fluoride drop	-	F
PED MULTIPLE VITAMINS W/ MINERALS		
pediatric multivitamin w/ minerals gummy	OTC	F
PED MV W/ FLUORIDE		
pediatric multiple vitamins/fluoride chew tab	-	F
pediatric multiple vitamins/fluoride soln	-	F
PED MV W/ IRON		
pediatric multivitamin w/ iron chew tab	OTC	F
pediatric multivitamin w/ iron drops	OTC	F
PEDIATRIC MULTIPLE VITAMINS		
PEDIATRIC MULTIVITAMIN CHEW TAB	OTC	F
pediatric multivitamin w/ vitamin c soln.	OTC	F

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DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
pediatric multivitamin w/ vitamin c w/ iron chew tab	OTC	F
PEDIATRIC VITAMINS		
pediatric multivitamin adc drops	OTC	F
PEDIATRIC MULTIVITAMIN CHEW TAB	OTC	F
PRENATAL VITAMINS		
PERRY PRENATAL VITAMIN	OTC	F
PRENATAL VITAMINS (PRENATAL PLUS/ PREPLUS/ PRENAPLUS)	OTC	F
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab	-	F
carisoprodol tab (SOMA equiv)	-	F
chlorzoxazone tab (PARAFON FORTE equiv)	-	F
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	F
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	F
methocarbamol tab (ROBAXIN equiv)	-	F
orphenadrine citrate ER tab	-	F
tizanidine tab (ZANAFLEX TAB equiv)	-	F
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	F
DANTROLENE CAP 100MG (DANTRIUM equiv)	-	F
MUSCLE RELAXANT COMBINATIONS		
carisoprodol/aspirin tab	-	F
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
NASAL MOIST GEL	OTC	F
saline nasal spray	OTC	F
NASAL ANTIALLERGY		
azelastine nasal spray (ASTELIN equiv)	-	F
cromolyn nasal spray	OTC	F
PATANASE NASAL SPRAY	-	F
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	F
NASAL STEROIDS		
flunisolide nasal spray (NASAREL equiv) (QL=2 bottles/fill)	QL	F
fluticasone nasal spray (FLONASE equiv) (QL=2 bottles/fill)	QL	F
NASACORT NASAL SPRAY (OTC) (QL= 2 bottles/fill)	OTC-QL	F
QNASL NASAL SPRAY	-	F
SYMPATHOMIMETIC DECONGESTANTS		
oxymetazolin spray (Only covered for members 4 years and older)	OTC	F
PHENYLEPHRINE DROPS (Only covered for members 4 years and older)	OTC	F
phenylephrine nasal drops (Only covered for members 4 years and older)	OTC	F
phenylephrine tab (Only covered for members 4 years and older)	OTC	F
pseudoephedrine ER tab (QL = 2 tab/day; Covered for members 4 years and older)	OTC-QL	F
pseudoephedrine syrup (QL = 1200ml/30 day; Covered for members 4 years and older)	OTC-QL	F
pseudoephedrine tab 30mg (QL = 8 tab/day; Covered for members 2 years and older)	QL	F
pseudoephedrine tab 60mg (QL = 4 tab/day; Covered for members 2 years and older)	QL	F
SUDAFED ER TAB (QL = 1 tab/day; Covered for member 4 years and older)	OTC-QL	F

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NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
TRIAMINIC NASAL SOLN. (Only covered for members 4 years and older)	OTC	F
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	F
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
omega-3 fatty acid cap (FISH OIL equiv)	OTC	F
PROTEINS		
levocarnitine cap	OTC	F
LEVOCARNITINE TAB	OTC	F
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tears oint	OTC	F
artificial tears soln	OTC	F
LACRISERT OPHTH INSERT	-	F
BETA-BLOCKERS - OPHTHALMIC		
betaxolol ophth soln	-	F
BETIMOL OPHTH SOLN	-	F
BETOPTIC-S OPHTH SOLN	-	F
carteolol ophth soln	-	F
dorzolamide/ timolol ophth soln (COSOPT equiv)	-	F
levobunolol ophth soln (BETAGAN equiv)	-	F
METIPRANOLOL OPHTH SOLN	-	F
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	F
timolol maleate ophth soln (TIMOPTIC equiv)	-	F
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	F
atropine ophth soln (ISOPTO ATROPINE equiv)	-	F
CYCLOGYL OPHTH SOLN 0.5%, 2%	-	F
CYCLOMYDRIL OPHTH SOLN	-	F
cyclopentolate ophth soln (CYCLOGYL equiv)	-	F
homatropine ophth soln (ISOPTO HOMATROPINE equiv)	-	F
ISOPTO HOMATROPINE OPHTH SOLN 2%	-	F
ISOPTO HOMATROPINE OPHTH SOLN 5%	-	F
ISOPTO HYOSCINE OPHTH SOLN	-	F
tropicamide ophth soln (MYDRIACYL equiv)	-	F
MIOTICS		
ISOPTO CARBACHOL OPHTH SOLN	-	F
PHOSPHOLINE OPHTH SOLN	-	F
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	F
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine ophth soln (IOPIDINE equiv)	-	F
brimonidine ophth soln (ALPHAGAN P equiv)	-	F
SIMBRINZA OPHTH SUSP	-	F
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOLN	-	F
BACITRACIN OPHTH OINT	-	F

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OPHTHALMIC AGENTS Cont.		
bacitracin/ neomycin/ polymyxin b ophth oint	-	F
bacitracin/ polymyxin b ophth oint	-	F
ciprofloxacin ophth soln (CILOXAN equiv)	-	F
erythromycin ophth oint	-	F
gentamicin ophth oint	-	F
gentamicin ophth soln	-	F
levofloxacin ophth soln (QUIXIN equiv)	-	F
MOXEZA OPHTH SOLN/ VIGAMOX OPHTH SOLN	-	F
neomycin/ polymyxin b/ gramicidin ophth soln (NEOSPORIN OPHTH equiv)	-	F
ofloxacin ophth soln (OCUFLOX equiv)	-	F
polymyxin b/ trimethoprim ophth soln (POLYTRIM equiv)	-	F
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	F
tobramycin ophth soln (TOBREX equiv)	-	F
trifluridine ophth soln (VIROPTIC equiv)	-	F
ZIRGAN OPHTH GEL	-	F
OPHTHALMIC DECONGESTANTS		
NAPHAZOLINE OPHTH SOLN.	-	F
naphazoline/pheniramine ophth drops	OTC	F
phenylephrine ophth soln (MYFRIN OPHTH SOLN. equiv)	-	F
tetrahydrozoline ophth soln.	OTC	F
tetrahydrozoline/zinc sulfate ophth drops	OTC	F
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS OPHTH EMULSION (Restricted to Ophthalmologist or Optometrist)	RS	F
OPHTHALMIC LOCAL ANESTHETICS		
parcaine ophth soln (ALCAINE equiv)	-	F
OPHTHALMIC STEROIDS		
bacitracin/ polymyxin/ neomycin/ hydrocortisone ophth oint	-	F
BLEPHAMIDE OPHTH SOLN	-	F
dexamethasone ophth soln	-	F
DUREZOL OPHTH EMULSION	-	F
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	F
MAXIDEX OPHTH SOLN	-	F
neomycin/ polymyxin/ dexamethasone ophth oint (MAXITROL equiv)	-	F
neomycin/ polymyxin/ dexamethasone ophth soln (MAXITROL equiv)	-	F
neomycin/ polymyxin/ hydrocortisone ophth soln (CORTISPORIN equiv)	-	F
PRED MILD OPHTH SOLN	-	F
PRED-G OPHTH SOLN	-	F
prednisolone ophth soln (PRED FORTE equiv)	-	F
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	F
sulfacetamide sodium/ prednisolone ophth soln	-	F
TOBRADEX OPHTH OINT	-	F
tobramycin/ dexamethasone ophth soln (TOBRADEX equiv)	-	F
VEXOL OPHTH SUSP	-	F
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	F
OPHTHALMICS - MISC.		
ALAMAST OPHTH SOLN	-	F
ALOMIDE OPHTH SOLN	-	F
BROMDAY OPHTH SOLN	-	F
bromfenac ophth soln (BROMDAY equiv)	-	F

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RS	Over-the-Counter	SF	Prior Authorization	SMKG	Quantity Limit
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VAC	Available through Specialty Pharmacy Program		First Fill available at Retail Pharmacy		Step Therapy
	Vaccine Program				

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**L.A. Care Health Plan Medi-Cal Formulary
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DrugName	Special Code	Tier
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OPHTHALMIC AGENTS Cont.

cromolyn ophth soln (CROLOM equiv)	-	F
diclofenac sodium ophth (VOLTAREN equiv)	-	F
dorzolamide ophth soln (TRUSOPT equiv)	-	F
eye wash soln.	OTC	F
flurbiprofen ophth soln (OCUFEN equiv)	-	F
ILEVRO OPHTH SUSP	-	F
ketorolac ophth soln (ACULAR/ACULAR LS equiv)	-	F
ketotifen ophth soln	OTC	F
NEVANAC OPHTH SUSP	-	F
PATADAY OPHTH SOLN (QL= 2.5ml/30 days)	QL	F
sodium chloride ophth oint.	OTC	F
sodium chloride ophth soln.	OTC	F

PROSTAGLANDINS - OPHTHALMIC

latanoprost ophth soln (XALATAN OPHTH SOLN equiv) (QL= 2.5ml/ 30 days)	QL	F
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OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

acetic acid otic soln (VOSOL equiv)	-	F
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	F
carbamide peroxide otic drop	OTC	F

OTIC ANALGESICS

omedia otic soln	-	F
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OTIC ANTI-INFECTIVES

ofloxacin otic soln	-	F
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OTIC COMBINATIONS

antipyrine/benzocaine otic soln (AURALGAN OTIC equiv)	-	F
CIPRODEX OTIC SUSP	-	F
COLY-MYCIN S OTIC SUSP	-	F
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	F

OTIC STEROIDS

acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	F
fluocinolone otic oil (DERMOTIC equiv)	-	F

OXYTOCICS

OXYTOCICS

methylergonovine tab (METHERGINE equiv) (QL = 28 tab/fill; 1 fill/365 days)	QL	F
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PASSIVE IMMUNIZING AGENTS

IMMUNE SERUMS

HIZENTRA INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
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PENICILLINS

AMINOPENICILLINS

amoxicillin cap	-	F
amoxicillin chew tab	-	F
AMOXICILLIN CHEW TAB 250MG	-	F
amoxicillin susp (AMOXIL equiv)	-	F
amoxicillin tab	-	F
ampicillin cap	-	F

NATURAL PENICILLINS

penicillin vk soln	-	F
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	Vaccine Program				

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**L.A. Care Health Plan Medi-Cal Formulary
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DrugName	Special Code	Tier
PENICILLINS Cont.		
penicillin vk tab	-	F
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate chew tab (AUGMENTIN equiv)	-	F
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	F
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	F
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap	-	F
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	F
norethindrone tab (AYGESTIN equiv)	-	F
progesterone cap (PROMETRIUM CAP equiv)	-	F
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
disulfiram tab (ANTABUSE equiv)	-	F
ANTI-CATAPLECTIC AGENTS		
XYREM SOLN (QL=540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)	LD-PA-QL	F
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT ODT equiv) (QL=1 tab/day)	QL	F
donepezil tab (ARICEPT equiv) (QL=2 tabs/day)	QL	F
donepezil tab 23mg (ARICEPT TAB 23MG equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)	QL-ST	F
EXELON PATCH	-	F
EXELON SOLN	-	F
galantamine ER cap (RAZADYNE ER equiv)	-	F
GALANTAMINE SOLN (RAZADYNE SOLN equiv)	-	F
galantamine tab (RAZADYNE equiv)	-	F
memantine tab	-	F
NAMENDA XR CAP (QL= 1 cap/day)	QL	F
rivastigmine cap (EXELON equiv)	-	F
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)	-	F
PERPHENAZINE/ AMITRIPTYLINE TAB	-	F
FIBROMYALGIA AGENTS		
SAVELLA TAB (QL=2 TAB/DAY)	QL	F
MOVEMENT DISORDER DRUG THERAPY		
XENAZINE TAB (Only available through Xenazine Support Program 888-882-6013)	LD-PA	F
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB (QL = 2 tab/day)	MSP-PA-QL	F
AUBAGIO TAB (QL = 1 tab/day)	MSP-QL	F
AVONEX INJ (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
COPAXONE INJ 20MG/ML (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
COPAXONE INJ 40MG/ML (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
TECFIDERA CAP (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
TECFIDERA STARTER PACK (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUDEXTA CAP (QL = 2 cap/day)	QL	F
SMOKING DETERRENTS		

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**L.A. Care Health Plan Medi-Cal Formulary
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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
buproban SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	F
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	F
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F
nicotine lozenge (COMMIT LOZENGE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F
nicotine patch (NICODERM CQ equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	F
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	F
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	F

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

KALYDECO PAK (QL=2 packets/day)	PA-QL-SP	F
KALYDECO TAB (QL=2 tab/day)	MSP-PA-QL	F
PULMOZYME INH SOLN (Product is mandated through Acaria Specialty Pharmacy.)	MSP	F

SULFONAMIDES

SULFONAMIDES

SULFADIAZINE TAB	-	F
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TETRACYCLINES

TETRACYCLINES

demeclocycline tab (DECLOMYCIN equiv)	-	F
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	F
doxycycline hyclate tab (VIBRATAB equiv)	-	F
doxycycline monohydrate cap 100mg	-	F
doxycycline monohydrate cap 50mg	-	F
doxycycline monohydrate tab (ADOXA equiv)	-	F
doxycycline susp	-	F
minocycline cap (MINOCIN equiv)	-	F
minocycline tab (DYNACIN equiv)	-	F

THYROID AGENTS

ANTITHYROID AGENTS

methimazole tab (TAPAZOLE equiv)	-	F
propylthiouracil tab	-	F

THYROID HORMONES

levothyroxine tab (SYNTHROID equiv)	-	F
liothyronine tab (CYTOMEL equiv)	-	F
np thyroid tab (ARMOUR THYROID equiv)	-	F
THYROLAR TAB	-	F

ULCER DRUGS

ANTISPASMODICS

BELLADONNA ALKALOID/OPIUM SUPP	-	F
dicyclomine cap (BENTYL equiv)	-	F
DICYCLOMINE SOLN	-	F
dicyclomine tab (BENTYL equiv)	-	F
glycopyrrolate tab (ROBINUL equiv)	-	F
hyoscyamine sulfate CR tab (LEVBID equiv)	-	F
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	F
hyoscyamine tab (LEVSIN equiv)	-	F
PROPANTHELINE TAB	-	F

H-2 ANTAGONISTS

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**L.A. Care Health Plan Medi-Cal Formulary
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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
cimetidine soln	-	F
cimetidine tab (TAGAMET equiv)	-	F
famotidine susp (PEPCID SUSP equiv)	-	F
famotidine tab	--OTC	F
nizatidine cap (AXID equiv)	-	F
ranitidine cap (ZANTAC equiv)	-	F
ranitidine syrup (ZANTAC equiv)	-	F
ranitidine tab (Rx Only) (ZANTAC equiv)	-	F
ranitidine tab 75mg	OTC	F
MISC. ANTI-ULCER		
CARAFATE SUSP	-	F
sucralfate tab (CARAFATE equiv)	-	F
PROTON PUMP INHIBITORS		
lansoprazole DR cap 15mg (QL = 56 unit/30 day)	OTC-QL	F
omeprazole cap	OTC	F
omeprazole DR cap 10mg (PRILOSEC equiv)	-	F
omeprazole DR cap 20mg (PRILOSEC equiv)	-	F
omeprazole DR cap 40mg (PRILOSEC equiv)	-	F
pantoprazole EC tab (PROTONIX equiv)	-	F
PREVACID DR CAP OTC (QL = 56 cap/30 day; Step Therapy requires trial of lansoprazole and pantoprazole)	OTC-QL-ST	F
rabeprazole EC tab (ACIPHEX TAB equiv)	-	F
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	F
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
methenamine hippurate tab (HIPREX equiv)	-	F
methenamine mandelate tab	-	F
nitrofurantoin macrocrystals cap (MACROBID equiv)	-	F
nitrofurantoin monohydrate cap (MACROBID equiv)	-	F
nitrofurantoin susp (FURADANTIN equiv)	-	F
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
oxybutynin ER tab (DITROPAN XL equiv)	-	F
oxybutynin syrup	-	F
oxybutynin tab	-	F
tolterodine tab (DETROL TAB equiv)	-	F
TOVIAZ TAB	-	F
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
tolterodine SR cap (DETROL LA equiv)	-	F
URINARY ANTISPASMODICS		
hyoscyamine tab (LEVSIN equiv)	-	F
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS (NEW)		
bethanechol tab (URECHOLINE equiv)	-	F
VACCINES		
BACTERIAL VACCINES		
VIVOTIF CAP (QL=4 caps/fill)	QL-VAC	F
VAGINAL PRODUCTS		

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**L.A. Care Health Plan Medi-Cal Formulary
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DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
MISCELLANEOUS VAGINAL PRODUCTS		
ACIDIC VAGINAL JELLY	-	F
SPERMICIDES		
CONCEPTROL GEL	OTC	F
CONTRACEPTIVE FILM	OTC	F
CONTRACEPTIVE FOAM	OTC	F
CONTRACEPTIVE GEL	OTC	F
CONTRACEPTIVE SUPP	OTC	F
TODAY SPONGE	OTC	F
vcf vaginal gel	OTC	F
VAGINAL ANTI-INFECTIVES		
AVC CREAM	-	F
clindamycin vaginal cream (CLEOCIN VAGINAL CREAM equiv)	-	F
clotrimazole vaginal cream	OTC	F
metronidazole vaginal gel (METROGEL VAGINAL GEL equiv)	-	F
MICONAZOLE 3 SUPP 200MG	OTC	F
miconazole vaginal cream	OTC	F
MICONAZOLE VAGINAL KIT	OTC	F
NYSTATIN VAGINAL TAB	-	F
terconazole cream (TERAZOL equiv)	-	F
terconazole supp (TERAZOL equiv)	-	F
tioconazole vaginal oint.	OTC	F
VAGINAL ESTROGENS		
ESTRING (3 copays per Rx)	-	F
PREMARIN VAGINAL CREAM	-	F
VAGINAL PROGESTINS		
ENDOMETRIN INSERT	PA	F
PROCHIEVE GEL	PA	F
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPIPEN INJ (QL=2 units/fill)	QL	F
EPIPEN-JR INJ (QL=2 units/fill)	QL	F
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	F
VITAMINS		
OIL SOLUBLE VITAMINS		
cholecalciferol cap	OTC	F
cholecalciferol oral soln.	OTC	F
cholecalciferol tab	OTC	F
ergocalciferol soln.	OTC	F
ERGOCALCIFEROL TAB	OTC	F
MEPHYTON TAB	-	F
vitamin D cap (RX strength only)	-	F
WATER SOLUBLE VITAMINS		
ascorbic acid cap	OTC	F
ascorbic acid chew tab	OTC	F
ascorbic acid er tab	OTC	F

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DrugName	Special Code	Tier
VITAMINS Cont.		
ascorbic acid lozenge	OTC	F
ascorbic acid syrup	OTC	F
ascorbic acid tab	OTC	F
ASCORBIC ACID WAFER	OTC	F
niacin cap	OTC	F
niacin CR tab	OTC	F
niacin tab	OTC	F
NIACIN TR TAB (SLO-NIACIN equiv)	OTC	F
niacinamide tab	OTC	F
pyridoxine er tab	OTC	F
pyridoxine tab	OTC	F
thiamine tab	OTC	F

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L.A. Care Health Plan Medi-Cal Formulary
Prior Authorization Drug List
Last Updated* 8/1/2015

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

Drug Name	Tier # for Drug Copay (if prior auth is approved)
adapalene cream	F
adapalene gel 0.1%	F
adapalene gel 0.3%	F
ADCIRCA TAB	F
AFINITOR DISPERZ	F
AFINITOR TAB	F
AMPYRA TAB	F
ANDROGEL 1.62% 1.25GM	F
ANDROGEL 1.62% 2.5GM	F
ANDROGEL 25MG	F
ANDROGEL 50MG	F
ANDROGEL PUMP 1%	F
ANDROGEL PUMP 1.62%	F
BELVIQ TAB	F
bexarotene cap	F
BOSULIF TAB	F
CAPRELSA TAB	F
CAYSTON INH SOLN	F
COMETRIQ KIT	F
CONTRACE TAB	F
dronabinol cap	F
ENBREL INJ	F
ENBREL SURECLICK INJ	F
ENDOMETRIN INSERT	F
ERIVEDGE CAP	F
FERRIPROX TAB	F
fondaparinux inj	F
GENOTROPIN INJ	F
GILOTRIF TAB	F
GLEEVEC TAB	F
HARVONI TAB	F
HUMIRA INJ	F
HUMIRA PEN INJ	F
HYCAMTIN CAP	F
HYSINGLA ER TAB	F
ICLUSIG TAB 15MG	F
ICLUSIG TAB 45MG	F
INFANT FORMULA LIQUID	F
INFANT FORMULA POWDER	F
INLYTA TAB	F
itraconazole cap	F
JAKAFI TAB	F
KALYDECO PAK	F
KALYDECO TAB	F
KINERET INJ	F

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**L.A. Care Health Plan Medi-Cal Formulary cont.
 Prior Authorization Drug List
 Last Updated* 8/1/2015**

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
KORLYM TAB	F
KUVAN POWDER PACK	F
KUVAN TAB	F
linezolid tab	F
LYRICA CAP	F
LYRICA SOLN	F
modafinil tab	F
NEXAVAR TAB	F
NUTRITIONAL SUPPLEMENT LIQUID	F
NUTRITIONAL SUPPLEMENT POWDER	F
ONFI TAB	F
OPSUMIT TAB	F
ORENCIA SC INJ	F
OXYCONTIN CR TAB	F
phentermine cap	F
phentermine tab	F
PROCHIEVE GEL	F
PROMACTA TAB	F
QSYMIA CAP	F
RELISTOR INJ	F
RELISTOR INJ KIT	F
REVLIMID CAP	F
SIGNIFOR INJ	F
sildenafil tab	F
SIVEXTRO TAB	F
SOVALDI TAB	F
SPRYCEL TAB	F
SPRYCEL TAB 20MG	F
STIVARGA TAB	F
SUTENT CAP	F
TAFINLAR CAP	F
TARCEVA TAB	F
TARGRETIN CAP	F
THALOMID CAP	F
TOBI PODHALER	F
tobramycin neb soln	F
TRACLEER TAB	F
tretinoin cream	F
tretinoin gel	F
TYKERB TAB	F
TYVASO INH SOLN	F
VALCHLOR GEL	F
VENTAVIS INH SOLN	F
voriconazole susp	F
voriconazole tab	F

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L.A. Care Health Plan Medi-Cal Formulary cont.
Prior Authorization Drug List
Last Updated* 8/1/2015

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
VOTRIENT TAB	F
XALKORI CAP	F
XENAZINE TAB	F
XTANDI CAP	F
XYREM SOLN	F
ZELBORAF TAB	F
ZOLINZA CAP	F
ZORTRESS TAB	F
ZYDELIG TAB	F
ZYTIGA TAB	F
ZYVOX SUSP	F

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L.A. Care Health Plan Medi-Cal Formulary
Last Updated* 8/1/2015
Over-the-Counter (OTC)

- The following OTC drugs are a covered benefit with a prescription

Over-the-Counter (OTC) Medications

a - d oint	acetaminophen chew tab	acetaminophen drops	acetaminophen elixir
acetaminophen er tab	acetaminophen liquid	acetaminophen supp	ACETAMINOPHEN SYRUP
acetaminophen tab	acetaminophen-pamabrom- pyrilamine tab	AEROCHAMBER	ALCOHOL SWABS
ALCOHOL WIPES	ALUMINUM HYDROXIDE GEL SUSP.	ammonium lactate cream	ammonium lactate lotion
antacid chew tab	anti-nausea soln.	artificial tears oint	artificial tears soln
ascorbic acid cap	ascorbic acid chew tab	ascorbic acid er tab	ascorbic acid lozenge
ascorbic acid syrup	ascorbic acid tab	ASCORBIC ACID WAFER	aspirin chew tab
aspirin ec tab	aspirin supp.	aspirin tab	ASPIRIN/ACETAMINOPHE N/CALCIUM CARBONATE TAB
ASSURE PLATINUM TEST STRIP	bacitracin oint	bacitracin/polymyxin b oint	bacitracin/zinc oint.
B-D INSULIN SYRINGE	B-D PEN NEEDLE	benzoyl peroxide cream	benzoyl peroxide gel
benzoyl peroxide liquid	benzoyl peroxide lotion	BISACODYL ENEMA	bisacodyl supp.
bisacodyl tab	bismuth subsalicylate chew tab	bismuth subsalicylate susp.	bismuth subsalicylate tab
brompheniram/phenylephrin e/dm soln	CALAMINE LOTION	calcium and phosphorus w/vitamin D tab	CALCIUM CARBONATE CAP
calcium carbonate chew tab	calcium carbonate susp.	calcium carbonate tab	calcium carbonate w/ vitamin d cap
CALCIUM CARBONATE W/ VITAMIN D CHEW TAB	calcium carbonate w/ vitamin d tab	calcium carbonate w/ vitamin d tab	CALCIUM CARBONATE/GLUCONATE W/ VITAMIN D TAB
calcium citrate tab	calcium citrate w/ vitamin d tab	CALCIUM GLUCONATE TAB	calcium lactate tab
calcium pycarbophil tab	capsaicin cream	capsaicin pad	carbamide peroxide otic drop
CENHIST CHEW TAB	cetirizine chew tab	cetirizine syrup	cetirizine tab
cetirizine/pseudoephedrine 12-hour tab	chlorhexidine gluconate liquid	chlorpheniramine cr tab	chlorpheniramine syrup
chlorpheniramine tab	chlorpheniramine/acetamino phen tab	chlorpheniramine/phenyleph rine/apap effer tab	chlorpheniramine/phenyleph rine/apap susp.
chlorpheniramine/phenyleph rine/apap tab	CHLORPHENIRAMINE/PSE UDOEPHEDRINE/IBUPROF EN TAB	cholecalciferol cap	cholecalciferol oral soln.
cholecalciferol tab	CLARITIN REDITAB	clemastine fumarate tab	CLINISTIX TEST STRIP
clotrimazole cream	clotrimazole vaginal cream	CLOVERINE OINT	CONCEPTROL GEL
CONEX TAB	CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL
CONTRACEPTIVE SUPP	cromolyn nasal spray	cyanocobalamine er tab	cyanocobalamine lozenge
cyanocobalamine sl tab	cyanocobalamine tab	DESITIN PASTE	DEXTROMETHOR/ACETA MIN/DIPHEN LIQUID
dextromethorphan cap	dextromethorphan er liquid	dextromethorphan hb/doxylamine soln.	dextromethorphan hbr/chlorpheniramine liquid

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dextromethorphan hbr/chlorpheniramine tab	dextromethorphan liquid	DEXTROMETHORPHAN LOZENGE	dextromethorphan syrup
dextromethorphan/phenylephrine liquid	DEXTROMETHORPHAN/P HENYLEPHRINE STRIP	DEXTROMETHORPHAN/P SEUDOEPHED DROPS	DEXTROMETHORPHAN/P SEUDOEPHED ELIXIR
dextromethorphan/pseudoephedrine syrup	DEXTROMETHORPHAN/AC ETAMINOPH/CP LIQUID	dextromethorphan/acetaminoph/cp susp	dextromethorphan/acetaminoph/cp tab
dialyrite tab	DIETHYLTOLUAMIDE LOTION	dimenhydrin tab	dimethicone gel
diphenhydramine cap	diphenhydramine chew tab	diphenhydramine cream	diphenhydramine gel
diphenhydramine liquid	diphenhydramine rapid tab	diphenhydramine spray	DIPHENHYDRAMINE STRIP
diphenhydramine syrup	diphenhydramine tab	diphenhydramine/acetaminophen tab	DIPHENHYDRAMINE/APAP LIQUID
diphenhydramine/apap tab	diphenhydramine/phenylephrine/apap liquid	diphenhydramine/phenylephrine/apap susp.	diphenhydramine/phenylephrine/apap tab
dm	dm	dm	dm
hb/pe/acetaminophen/chlorpheniramine liquid	hb/pe/acetaminophen/chlorpheniramine susp.	hb/pe/acetaminophen/chlorpheniramine tab	hb/pseudoephed/acetamin/cp cap
dm	dm	dm	dm/pe/acetaminophen/doxylamine liquid
hb/pseudoephed/acetamin/cp packet	hb/pseudoephed/acetamin/cp susp	hb/pseudoephed/acetamin/cp tab	
dm/p-ephed/acetaminoph/doxylamine cap	dm/p-ephed/acetaminoph/doxylamine liquid	DM/PHENYLEPH/CHLORPHENIRAMINE LIQUID	DM/PHENYLEPH/CHLORPHENIRAMINE SOLN.
dm/pseudoephed/acetaminophen cap	dm/pseudoephed/acetaminophen tab	d-methorphan hb/acetaminophen liquid	d-methorphan hb/p-epd hcl/bpm elixir
d-methorphan hb/p-epd hcl/bpm syrup	D-METHORPHAN HB/P-EPHED HCL/CP CHEW TAB	d-methorphan hb/p-ephed hcl/cp liquid	d-methorphan/acetamin/doxylamine cap
d-methorphan/acetamin/doxylamine liquid	d-methorphan/pe/acetaminophen cap	d-methorphan/pe/acetaminophen liquid	d-methorphan/pe/acetaminophen tab
docusate calcium cap	docusate sodium cap	docusate sodium enema	docusate sodium liquid
docusate sodium syrup	docusate sodium tab	donatussin liquid	doxylamine succinate tab
DULCOLAX BOWEL PREP KIT	EPHEDRINE SULFATE CAP	ergocalciferol soln.	ERGOCALCIFEROL TAB
eye wash soln.	famotidine tab	FEMALE CONDOMS	ferrous gluconate tab
ferrous sulfate dr tab	ferrous sulfate drops	ferrous sulfate elixir	ferrous sulfate er tab
FERROUS SULFATE LIQUID	ferrous sulfate slow release tab	FERROUS SULFATE SYRUP	ferrous sulfate tab
FIBER LIQUID	FLEET ENEMA	folic acid tab	FREESTYLE FREEDOM LITE METER
FREESTYLE INSULINX METER	FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE METER	FREESTYLE TEST STRIP
FUNGOID SOLN	GLUCOSE CHEW TAB	glucose gel	GLUCOSE TAB
glycerin gel	glycerin liquid	glycerin lotion	GLYCERIN SHAMPOO
glycerin suppository	guaifin/phenyleph/acetaminophen tab	GUAIFEN/PSEUDOEPHED/ ACETAMINOP TAB	guaifenesin dm/pseudoephedrine syrup
GUAIFENESIN DM/PSEUDOEPHEDRINE TAB	guaifenesin ER tab	guaifenesin liquid	guaifenesin syrup
guaifenesin tab	guaifenesin/acetaminophen tab	guaifenesin/codeine liquid	guaifenesin/codeine soln
guaifenesin/dextromethorphan cap	guaifenesin/dextromethorphan ER tab	guaifenesin/dextromethorphan liquid	GUAIFENESIN/DEXTROMETHORPHAN PACK
guaifenesin/dextromethorphan tab	guaifenesin/dm/pseudoephedrine cap	guaifenesin/d-methorphan hb/pe syrup	guaifenesin/ephedrine hcl tab

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guaifenesin/phenylephrine tab HDC DM SYRUP HUMULIN PEN INJ 70/30 HYDROCORTISONE AC OINT hydrocortisone gel HYDROGEN PEROXIDE SOLN. ibuprofen tab	guaifenesin/pseudoephedrine tab HUMULIN MIX INJ HUMULIN R INJ U-100 hydrocortisone aloe cream hydrocortisone lotion ibuprofen cap INFANT FORMULA LIQUID KETOSTIX LANCET KIT LEVOCARNITINE TAB loperamide cap loratadine syrup lubricating jelly MAGNESIUM/ALUMINUM HYDROXIDE CHEW meclizine chew tab miconazole cream miconazole vaginal cream mineral oil enema mineral oil/petrolatum oint multivitamin w/ iron tab neomycin/bacitracin/polymyxin b oint niacin cap niacinamide tab NUTRITIONAL SUPPLEMENT LIQUID oxymetazolin spray PEDIATRIC MASK pediatric multivitamin w/ iron drops permethrin liquid petrolatum oint phenylephrine/brompheniramine elixir phenylephrine nasal drops	guaifenesin/pseudoephedrine hcl cap HUMULIN N INJ U-100 HUMULIN-R U-100 HYDROCORTISONE ALOE OINT hydrocortisone oint ibuprofen chew tab INFANT FORMULA POWDER ketotifen ophthalmic solution LANCETS levonorgestrel tab loperamide liquid loratadine tab magnesium citrate solution. magnesium/aluminum hydroxide/simethicone chew tab meclizine tab miconazole nitrate aerosol MICONAZOLE VAGINAL KIT MINERAL OIL LIGHT multiple vitamin liquid naphazoline/pheniramine ophthalmic drops neomycin/bacitracin/polymyxin b/pramoxine oint niacin CR tab nicotine gum NUTRITIONAL SUPPLEMENT POWDER pe/acetamin/diphenhydramine/cpm tab pediatric multivitamin ADC drops pediatric multivitamin w/ minerals gummy permethrin lotion PETROLATUM/LANOLIN/ZINC OXIDE/MINERAL OIL OINT. PHENYLEPHRINE/BROMPHENIRAMINE TAB phenylephrine tab	guaifenesin/pseudoephedrine hcl syrup HUMULIN N PEN INJ hydrocortisone ac cream hydrocortisone cream hydrocortisone topical solution. ibuprofen suspension (Rx ONLY) IV PREP WIPES KONSYL POWDER lansoprazole DR cap 15mg LICE B GONE SHAMPOO loperamide tab loratadine/pseudoephedrine 12-hour tab magnesium hydroxide suspension. magnesium/aluminum hydroxide/simethicone suspension MEDI-GRAINE TAB miconazole nitrate powder MILK OF MAGNESIA CHEW TAB mineral oil/petrolatum cream multiple vitamin tab NASACORT NASAL SPRAY (OTC) neomycin/polymyxin b/pramoxine cream niacin tab nicotine lozenge omega-3 fatty acid cap PEAK FLOW METER PEDIATRIC MULTIVITAMIN CHEW TAB pediatric multivitamin w/ vitamin c solution. permethrin spray pheniramine/phenylephrine/acetaminophen packet PHENYLEPHRINE/ACETAMINODIPHENHYDRAMINE TAB phenylephrine/acetaminodiphenhydramine cap
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phenylephrine/acetaminophen cap	phenylephrine/acetaminophen pack	phenylephrine/acetaminophen tab	phenylephrine/chlorpheniramine liquid
phenylephrine/chlorpheniramine tab	phenylephrine/diphenhydramine liquid	phenylephrine/diphenhydramine solution	phenylephrine/diphenhydramine tab
phenylephrine/dm/acetaminoph/gg liquid	phenylephrine/dm/acetaminoph/gg tab	PHENYLTOLOXAMINE-ACETAMINOPHEN TAB	piperonyl butox/pyrethrins/permethrin kit
piperonyl butoxide/pyrethrins liquid	PIPERONYL BUTOXIDE/PYRETHRINS SHAMPOO	PLAN B TAB	polyethylene glycol 3350 powder
polyethylene glycol packet	POVIDONE-IODINE SOLN	povidone-iodine soln.	PRECISION XTRA METER
PRECISION XTRA TEST STRIP	PRENATAL VITAMINS (PRENATAL PLUS/PREPLUS/ PRENAPLUS)	PREVACID DR CAP OTC	PSEUDOEPH/DM/GUAIFEN/ACETAMIN PACKET
pseudoeph/dm/guaifen/acetamin tab	pseudoephed/acetaminoph/diphenhydramine tab	pseudoephedrine ER tab	pseudoephedrine syrup
pseudoephedrine/acetaminophen tab	pseudoephedrine/brompheniramine liquid	PSEUDOEPHEDRINE/CHLORPHENIRAMINE CHEW TAB	pseudoephedrine/chlorpheniramine syrup
pseudoephedrine/chlorpheniramine tab	PSEUDOEPHEDRINE/CODAINE/CHLORPHENIRAMINE LIQUID	pseudoephedrine/dexbrompheniramine er tab	PSEUDOEPHEDRINE/DIPHENHYDRAMINE TAB
PSEUDOEPHEDRINE/IBUPROFEN CAP	pseudoephedrine/ibuprofen susp.	pseudoephedrine/ibuprofen tab	pseudoephedrine/naproxen tab
pseudoephedrine/triprolidine tab	psyllium cap	psyllium powder	pyridoxine er tab
pyridoxine tab	PYRILAMINE/PE/DEXTROMETHORPHAN LIQUID	ranitidine tab 75mg	salicylic acid gel
salicylic acid liquid	salicylic acid pad	salicylic acid soln	salicylic acid strip
saline nasal spray	SCOT-TUSSIN SOLN.	sennosides tab	sennosides/docusate sodium tab
simethicone cap	simethicone chew tab	simethicone drops	simethicone liquid
SIMETHICONE STRIPS	SKIN CLEANSER	sodium bicarbonate tab	sodium chloride irrigation/decyl glucoside soln
sodium chloride ophth oint.	sodium chloride ophth soln.	SODIUM CHLORIDE SPRAY	sodium chloride tab
sodium phosphate enema	sodium phosphate soln.	SUDAFED ER TAB	terbinafine cream
tetrahydrozoline ophth soln.	tetrahydrozoline/zinc sulfate ophth drops	thiamine tab	throat lozenge
tioconazole vaginal oint.	TODAY SPONGE	tolnaftate aerosol	tolnaftate cream
tolnaftate powder	tolnaftate spray	TRIAMINIC NASAL SOLN.	TRIAMINIC STRIP
tussin CF liquid	vapor inhaler	vaporizing steam	vaporizing steam liquid
vcf vaginal gel	vitamin a - d oint.	vitamin B complex cap	zinc oxide oint
ZINC OXIDE PASTE	zinc sulfate cap		

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L.A. Care Health Plan Medi-Cal Formulary
Last Updated* 8/1/2015
Mandatory Specialty Pharmacy (MSP)

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use
- The following drugs are required to be filled through a Specialty Pharmacy provider.

Mandatory Specialty Pharmacy (MSP) Medications

ACTIMMUNE INJ	ALFERON-N INJ	AMPYRA TAB	AUBAGIO TAB
AVONEX INJ	calcitriol inj	CAPRELSA TAB	CAYSTON INH SOLN
COMETRIQ KIT	COPAXONE INJ 20MG/ML	COPAXONE INJ 40MG/ML	ENBREL INJ
ENBREL SURECLICK INJ	entecavir tab	EPOGEN INJ	ERIVEDGE CAP
EXJADE TAB	FERRIPROX TAB	FORTEO INJ	GENOTROPIN INJ
GRANIX INJ	HARVONI TAB	HIZENTRA INJ	HUMIRA INJ
HUMIRA PEN INJ	ICLUSIG TAB 15MG	ICLUSIG TAB 45MG	INCRELEX INJ
INFERGEN INJ	INTRON-A INJ	INTRON-A KIT	IRESSA TAB
JADENU TAB	JAKAFI TAB	KALYDECO TAB	KORLYM TAB
KUVAN TAB	LEUKINE INJ	methotrexate inj	MIACALCIN INJ
NEBUPENT NEB SOLN	NEULASTA INJ	NEUMEGA INJ	NEXAVAR TAB
octreotide inj	ORENCIA SC INJ	PEGASYS INJ	PEGASYS INJ KIT
PROCRIT INJ	PROLEUKIN INJ	PROMACTA TAB	PULMOZYME INH SOLN
REBETOL SOLN	RELISTOR INJ	RELISTOR INJ KIT	REVLIMID CAP
ribasphere cap	RIBATAB	ribavirin tab	SABRIL POWDER PACK
SABRIL TAB	SIGNIFOR INJ	SOMAVERT INJ	SOVALDI TAB
STIVARGA TAB	SYNAREL NASAL SOLN	TECFIDERA CAP	TECFIDERA STARTER PACK
TOBI PODHALER	tobramycin neb soln	TYKERB TAB	TYVASO INH SOLN
VENTAVIS INH SOLN	VOTRIENT TAB	XALKORI CAP	XENAZINE TAB
XYREM SOLN	ZELBORAF TAB	ZYDELIG TAB	

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L.A. Care Health Plan Medi-Cal Formulary
Last Updated* 8/1/2015
Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
DIFICID TAB	QL= 20 tab/fill; Step Therapy requires trial of vancomycin
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
fluvoxamine ER cap	Step Therapy requires failure of sertraline, fluoxetine, citalopram, paroxetine or fluvoxamine
PEGASYS INJ KIT	Product is mandated through Acaria Specialty Pharmacy.
PREVACID DR CAP OTC	QL = 56 cap/30 day; Step Therapy requires trial of lansoprazole and pantoprazole
ULORIC TAB	Step Therapy requires failure of allopurinol.
vancomycin cap	QL= 56 caps/ fill; Step Therapy requires trial of vancomycin soln

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

L.A. Care Health Plan Medi-Cal Formulary
Smoking Cessation Agents
Last Updated* 8/1/2015

Drug Name	Tier # for Drug Copay
buproban SR tab(Limited to 180 days/plan year)	F
CHANTIX TAB(Limited to 180 days/plan year)	F
nicotine gum(Limited to 180 days/plan year)	F
nicotine lozenge(Limited to 180 days/plan year)	F
nicotine patch(Limited to 180 days/plan year)	F
NICOTROL INHALER(Limited to 180 days/plan year)	F
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	F

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L.A. Care Health Plan Medi-Cal Formulary
Last Updated* 8/1/2015
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AFINITOR DISPERZ	QL= 1 tab/day; Product is mandated through Acaria Specialty Pharmacy
AFINITOR TAB	QL = 1 tab/day; Product is mandated through Acaria Specialty Pharmacy.
AKYNZEO CAP	QL= 1 cap/fill; Product is mandated through Acaria Specialty Pharmacy. Restricted to Oncology/Hematology specialist
AMPYRA TAB	QL = 2 tab/day
ANDROGEL 1.62% 1.25GM	QL= 1 packet/ day
ANDROGEL 1.62% 2.5GM	QL= 2 packet/ day
ANDROGEL 25MG	QL= 1 packet/day
ANDROGEL 50MG	QL = 2 packets/day
ANDROGEL PUMP 1%	QL = 4 bottle/30 days
ANDROGEL PUMP 1.62%	QL = 2 bottle/30 days
AUBAGIO TAB	QL = 1 tab/day
BELVIQ TAB	QL = 2 tab/day
benzoyl peroxide cream	QL = 1 tube/30 day
benzoyl peroxide gel	QL = 1 tube/30 day
benzoyl peroxide liquid	QL = 1 bottle/30 day
benzoyl peroxide lotion	QL = 1 bottle/30 day
buproban SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BYDUREON INJ	QL=4 inj/28 days
BYDUREON PEN INJ	QL=4 inj/28 days
CALCIUM ACETATE TAB	QL = 9 tab/day
celecoxib cap	QL = 2 cap/ day
cetirizine chew tab	QL = 1 TAB/DAY
cetirizine tab	QL = 1 TAB/DAY
cetirizine/pseudoephedrine 12-hour tab	QL = 1 TAB/DAY
CHANTIX TAB	Limited to 180 days/plan year
CLARITIN REDITAB	QL = 1 tab/day
CONTRACE TAB	QL= 4 tab/day
DIFICID TAB	QL= 20 tab/fill; Step Therapy requires trial of vancomycin
donepezil ODT	QL=1 tab/day
donepezil tab	QL=2 tabs/day
donepezil tab 23mg	QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg
duloxetine EC cap	QL = 2 cap/day
EMEND CAP	QL= 3 cap/day; Product is mandated through Acaria Specialty Pharmacy. Restricted to Oncology/Hematology specialist
EMEND PAK	QL= 3 cap/day; Product is mandated through Acaria Specialty Pharmacy. Restricted to Oncology/Hematology specialist
ENBREL INJ	QL= 4 syringes/28 days; Product is mandated through Acaria Specialty Pharmacy.
ENBREL SURECLICK INJ	QL= 4 syringes/28 days; Product is mandated through Acaria Specialty Pharmacy.
enoxaparin inj	QL= 17 days supply; Product is mandated through Acaria Specialty Pharmacy.
entecavir tab	QL=1 tab/day. Product is mandated through Acaria Specialty Pharmacy.
EPIPEN INJ	QL=2 units/fill
EPIPEN-JR INJ	QL=2 units/fill
eszopiclone tab	QL=1 tab/day

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L.A. Care Health Plan Medi-Cal Formulary Cont.
Last Updated* 8/1/2015
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FARXIGA TAB	QL= 1 tab/day
flunisolide nasal spray	QL=2 bottles/fill
fluticasone nasal spray	QL=2 bottles/fill
GEL DRESSING	QL = 2 box/30 day
GILOTRIF TAB	QL= 1 tab/day
GLEEVEC TAB	QL = 3 tab/day; Product is mandated through Acaria Specialty Pharmacy
granisetron tab	QL= 9 tab/fill
HARVONI TAB	QL=1 tab/day. Product is mandated through Acaria Specialty Pharmacy.
HUMIRA INJ	QL= 2 inj/28 days
HUMIRA PEN INJ	QL= 2 inj/28 days
HYSINGLA ER TAB	QL= 1 tab/day
ICLUSIG TAB 15MG	QL = 3 tab/day; Only available through Biologics 800-850-4306
ICLUSIG TAB 45MG	QL = 1 tab/day; Only available through Biologics 800-850-4306
INLYTA TAB	QL = 8 tab/day; Product is mandated through Acaria Specialty Pharmacy
JAKAFI TAB	QL=2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL=1 tab/day
KALYDECO PAK	QL=2 packets/day
KALYDECO TAB	QL=2 tab/day
ketorolac tab	QL= 5 days treatment (20 tabs/5 days)
KINERET INJ	QL= 28 inj/28 days; Product is mandated through Acaria Specialty Pharmacy.
lansoprazole DR cap 15mg	QL = 56 unit/30 day
latanoprost ophth soln	QL= 2.5ml/ 30 days
LINZESS CAP	QL = 1 cap/day
loratadine ODT	QL = 1 tab/day
loratadine syrup	QL = 240ml/30 day; Covered for members age 2 through 5 years
loratadine tab	QL = 1 tab/day; Covered for members 2 years and older
loratadine/pseudoephedrine 12-hour tab	QL = 2 tab/day
loratadine/pseudoephedrine 24-hour tab	QL = 1 tab/day
methylergonovine tab	QL = 28 tab/fill; 1 fill/365 days
mineral oil	
modafinil tab	QL = 1 tab/day
MOVIPREP SOLN	QL= 1 bottle/fill
NAMENDA XR CAP	QL= 1 cap/day
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT NASAL SPRAY (OTC)	QL= 2 bottles/fill
nicotine gum	Limited to 180 days/plan year
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
NUCYNTA ER TAB	QL= 2 tabs/day
NUDEXTA CAP	QL = 2 cap/day
ONGLYZA TAB	QL= 1 tab/day
ORENCIA SC INJ	QL= 4 inj/28 days

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L.A. Care Health Plan Medi-Cal Formulary Cont.
Last Updated* 8/1/2015
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OXYCONTIN CR TAB	QL = 120 tab/30 days
PATADAY OPHTH SOLN	QL= 2.5ml/30 days
phentermine cap	QL = 1 cap/day
phentermine tab	QL = 1 tab/day
POTIGA TAB	QL= 3 tab/ day
PREVACID DR CAP OTC	QL = 56 cap/30 day; Step Therapy requires trial of lansoprazole and pantoprazole
pseudoephedrine ER tab	QL = 2 tab/day; Covered for members 4 years and older
pseudoephedrine syrup	QL = 1200ml/30 day; Covered for members 4 years and older
pseudoephedrine tab 30mg	QL = 8 tab/day; Covered for members 2 years and older
pseudoephedrine tab 60mg	QL = 4 tab/day; Covered for members 2 years and older
QSYMIA CAP	QL = 1 cap/day
REGRANEX GEL	QL = 2 - 15gm tubes/fill
RELENZA DISKHALER	QL= 20 units/fill
REVLIMID CAP	QL = 1 cap/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 day
rizatriptan tab	QL =12 tabs/fill, 3 fills/60 day
SAVELLA TAB	QL=2 TAB/DAY
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 888-773-7376
SIVEXTRO TAB	QL=6 tab/fill
SOVALDI TAB	QL= 1 tab/day. Product is mandated through Acaria Specialty Pharmacy.
SPINOSAD SUSP	QL= 1 bottle/ fill
SPRYCEL TAB	QL= 1 tab/day; Product is mandated through Acaria Specialty Pharmacy.
SPRYCEL TAB 20MG	QL= 3 tab/day; Product is mandated through Acaria Specialty Pharmacy.
STIVARGA TAB	QL = 4 tab/day
SUDAFED ER TAB	QL = 1 tab/day; Covered for member 4 years and older
sumatriptan inj	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL=5 injs/fill, 2 fills/30 days
SUMATRIPTAN/ IMITREX NASAL SPRAY	QL= 6 sprays/fill, 2 fills/30 days
TAFINLAR CAP	QL = 4 caps/day
TAMIFLU CAP	QL= 10 caps/fill
TAMIFLU SUSP 12MG/ML	QL= 125ml/fill
TAMIFLU SUSP 6MG/ML	QL= 250ml/fill
terbinafine cream	QL = 1 tube/30 day; Covered for members 12 years and older
VALCHLOR GEL	QL=4 TUBES/30 DAYS
vancomycin cap	QL= 56 caps/ fill; Step Therapy requires trial of vancomycin soln
VENTOLIN HFA INHALER	QL= 2 inhalers/fill, 2 fills/30 days
V-GO INJ KIT	QL=1 KIT/DAY
VICTOZA INJ	QL=9ml/30 days
VIMPAT TAB	QL= 2 tab/day
VIVOTIF CAP	QL=4 caps/fill
XIGDUO XR TAB	QL= 1 tab/day
XIGDUO XR TAB 5-1000MG	QL= 2 tab/day
XTANDI CAP	QL = 4 cap/day; Product is mandated through Acaria Specialty Pharmacy

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L.A. Care Health Plan Medi-Cal Formulary Cont.
Last Updated* 8/1/2015
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XYREM SOLN	QL=540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688
ZETIA TAB	QL= 1 tab/day
zolpidem tab 10mg	Male QL= 1 tab/day; Female QL= 0.5 tab/day
zolpidem tab 5mg	QL = 1 tab/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.